

# Firstsmile Limited

# Kibworth Court

## Inspection report

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

Tel: 01162792828

Website: [www.newbloom.co.uk](http://www.newbloom.co.uk)

Date of inspection visit:  
21 November 2017

Date of publication:  
01 January 2018

## Ratings

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

# Summary of findings

## Overall summary

Kibworth Court is a residential care home that provides care and support for up to 45 older people. At the time of our inspection 41 people were using the service and many were living with dementia.

At the last inspection on 10 December 2016 the service was rated Requires Improvement. We rated the safe, responsive and well-led domains as requiring improvements. We asked the provider to make the necessary improvements. At this inspection we found that the required improvements had been made and the service was rated Good overall.

There was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Staff understood their responsibilities to keep people safe from avoidable harm. There were a suitable number of staff deployed and the provider had followed safe recruitment practices. Where risks were identified for people while they were receiving support these had been assessed and control measures put in place. People received their medicines in line with their prescription.

Staff had access to the support, supervision and training that they required to work effectively in their roles. Where agency staff were used, induction was provided to make sure that they were able to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People had enough to eat and drink to maintain good health and nutrition. People were supported to access health professionals when required.

People were treated with kindness and compassion. Dignity and respect for people was promoted.

People had care plans in place that focused on them as individuals. This enabled staff to provide consistent care in line with people's personal preferences.

The service had a positive ethos and an open culture. The providers and registered manager provided positive leadership to all staff.

The provider had sought feedback from people and their relatives about the service they received. They had taken action based on this feedback.

The provider's complaints procedure had been followed when a concern had been raised and people felt able to make a complaint if they needed to.

The provider had quality assurance systems to review the quality of the service to help drive improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was good.

Staff understood and put into practice their responsibilities to protect people from abuse and avoidable harm.

The provider operated safe recruitment procedures. Suitably skilled and knowledgeable staff were deployed to meet the needs of people that used the service.

People were supported to take their medicines by staff who were trained in safe management of medicines. Storage of medicines was safe but temperature checks of medicines were not always carried out or recorded, though safety of medicines was not compromised.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who received training and had the necessary knowledge and skills.

Staff received regular guidance and support.

People were involved in making their own decisions where they could. Staff asked people for consent before supporting them.

Staff understood people's nutritional requirements. People had access to drinks and snacks throughout the day.

Staff supported people to access health services when they needed them.

### Is the service caring?

Good ●

The service was caring.

Staff were attentive to people's needs.

They communicated well with people whilst supporting them.

Where possible people were involved in discussions about their care and support. People did not feel rushed when receiving support.

Staff respected people's privacy and dignity when providing care and support.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care and support that was centred on their personal individual needs.

People were supported to participate in stimulating activities.

People knew how to make a complaint if they felt they needed to.

People could be assured they would receive appropriate end of life care.

### **Is the service well-led?**

**Good** ●

The service is well-led

People and their relatives felt that the service was well led.

Staff felt supported by and were clear about their role and responsibilities.

Systems were in place to monitor the quality of the service being provided and to drive improvement.

The registered manager was aware of their legal responsibilities.

# Kibworth Court

## 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 was a comprehensive inspection that was completed by two inspectors and an expert by experience on 21 November 2017 and was unannounced. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information that we held about the service. We used information the provider sent us in the Provider Information Collection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications, these are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider. We also sought feedback from Healthwatch Leicestershire (the consumer champion for health and social care.)

During our inspection we spoke with six people who used the service and five relatives. We observed interaction between staff and people who used the service during our visit. We also spoke with four members of care staff, a member of the housekeeping team, the activities organiser, the maintenance person and the registered manager as well as the providers.

We looked at records and charts relating to four people and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

At our previous inspection carried out on 10 November 2016 we found concerns that people were not always being kept safe. Care plans sometimes did not reflecting people's actual care needs and poor maintenance of the building placed people at risk. At this inspection we found improvements had been made. This was seen in the reviewing and updating of people's care plans and as part of the provider's on-going refurbishment of the building.

People told us they felt safe. One person told us, "I feel instinctively that it's safe. If I had an issue I would feel very relaxed about talking to staff." Another person commented, "Yes I'm safe here." A relative said, "Yes I know he's safe here, it's secure."

People were supported by staff that knew their responsibilities to safeguard people from the risk of harm. People and their families had access to information about what it meant to be safe. Staff told us how they would raise any concerns with the relevant authorities if they had concerns about people being ill-treated or poor practice they may witness. One staff member told us "I would report anything to [registered manager] I wouldn't hesitate." Another staff member said, "I would follow any safeguarding through. If I couldn't deal with it I would go to [registered manager]. I would also take it to the police or CQC. I feel [registered manager] would deal with anything." Systems were in place to notify the local authority of concerns. Staff were supported to understand actions to take through training, discussions in team meetings and a policy around safeguarding people that included local guidance. Where the registered manager needed to report safeguarding concerns these had been completed in a timely manner.

People felt there were enough staff to support them. One person told us, "The call buzzer is nearby when I'm in bed. If in the day I'm here and would like a cup of tea and I press it sometimes it can be about ten minutes but it's not a problem." Another person said, "If I want anything like a drink I buzz and I don't overly wait. I don't expect them to rush up they could be dealing for example with someone who's had a fall." A relative commented, "As far as I'm concerned there are enough staff."

The registered manager assessed people's dependency levels, this information was used to ensure sufficient staff were deployed to meet people's assessed needs. The rota showed that the number of staff on duty was what had been deemed necessary to keep people safe. Staff were available when people needed them and that they did not have to wait to receive the support they needed. The registered manager explained that agency staff were used to make sure that there were enough staff as they currently had staff vacancies. They told us regular agency staff were used where possible to ensure consistency in providing care and support. There were agency staff working during our inspection, our observations supported what the registered manager had told us. Staff responded to people's requests for support in a timely way. The recruitment process ensured that staff were suitable for their role and staffing levels were responsive to people's needs.

People's risks were assessed, for example where people were at risk of developing problems with their skin or at risk of not eating and drinking enough. Risk assessments were reviewed and updated regularly and reflected people's current needs. The information in care plans provided staff with instructions to minimise

the assessed risks. For example one person was at risk of not eating enough. The care plan described how staff should support the person at meal times. During lunch we observed staff supporting the person as described in their care plan.

The provider had systems in place to audit all accidents and incidents. The registered manager told us they would audit these records each month to look for patterns and if the same people were falling. They would then take necessary action such as referrals to the GP for support to minimise future risk.

The provider had fire risk assessments and fire safety procedures in place to ensure all fire safety equipment was serviced and readily available. Training records indicated staff had received training in fire procedures, staff confirmed they had received regular training in this area. People were assessed for their mobility in the event of an evacuation and care plans described the support they would need. For example where a person needed assistance of two staff this was described in their care plan. Staff told us they had practiced the fire procedures. The provider had systems in place to ensure regular environmental checks and maintenance of equipment such as hoists, radiators and window restraints was carried out. Regular checks on the temperature and cleanliness of the water supplies was also carried out.

People told us they received their medicines as prescribed. One person said, "No problem I get my medication on time." Another person told us, "They are very good and there's a good set up with it in the dining room. I'm having a few problems with swallowing and they're looking at changing to a syrup." Medicines management systems in place were clear and consistently followed. Staff had received training in this area and been assessed and deemed competent to administer medicines. Staff's competency to administer medicines was reviewed throughout the year ensuring that staff were following the provider's procedures. Medicines were safely and securely stored. However, checks of the temperature, at which medicines with recommended storage temperature of under 25 degrees were stored, were not consistently recorded. The registered manager told us they no longer did this as the room was air conditioned and kept within recommended temperatures.

Each person had information in their support plan that identified what medicine they took, the dose and reasons for this. We saw that people consistently received their medicines when they should. We did find that records relating to one medicine had not been completed correctly. We also found one Adcal (medicine given to people who require a calcium supplement) loose at the bottom of the medicines trolley. The registered manager told us they would investigate how this had happened and learn from the episode to ensure it did not happen again.

People were protected from the risks of infection as the provider had infection control procedures which staff followed. Throughout the day cleaning staff were available to ensure the service was clean. Rotas showed cleaning staff were available seven days a week. This meant that care staff did not have to carry out cleaning duties on top of their care duties at the weekend. Staff followed suitable procedures to ensure the risk of cross infection was minimised. For example we saw staff wearing aprons and gloves when they assisted people to use the toilet. We also saw staff followed safe practices when they moved soiled laundry from people's bedrooms to the laundry room. This reduced the risk of cross infection within the service.



# Is the service effective?

## Our findings

People's treatment and support were delivered in line with current standards and guidance. The registered manager kept up to date in changes in adult social care by reading a variety of web sites. For example they were aware of changes the commission had made in the way we inspect. The registered manager showed us that where people were identified as being at risk of falling they followed current recommendations and placed pressure mats next to the person's bed to alert staff if a person needed help during the night. The provider had also purchased low profile beds. These can be lowered to the floor to reduce the risk of a person falling out of bed and injuring themselves as well as raised up when staff need to provide personal care. Care plans identified where people needed these types of beds and how staff should use them. This meant that staff were using them in the most effective way to support people.

People received care from staff that were knowledgeable and had received the training and support they needed. People told us they thought staff knew what they were doing. One person told us, "I don't need a lot of help but the staff know what they are doing." Another person said, "All the staff I've encountered have been most helpful." People also commented on the agency staff and told us they thought they were particularly good. For example we received comments "[Staff name] in particular is brilliant." And "[Staff name] is comfortable to be with and sympathetic."

We looked at staff training records to see what training they had completed. Staff training was relevant to their role and equipped them with the skills they needed to care for the people living at the home. They were supported through induction and a probation period during which their competence was regularly assessed. Agency staff told us, "I went to (sister home) for half a day, then here for half a day. I had three inductions in total." And "I read through the care plans and went through the systems and how the home runs and went through people's needs." Staff were also supported through one-to-one supervision meetings that took place at regular intervals throughout the year and an annual appraisal meeting. A member of staff told us, "I have never worked anywhere where I've had the support that I get here."

We saw several examples of staff communicating effectively with people. They adapted how they communicated with an individual, for example we saw two staff assisting a person to go through for lunch. The person was struggling to stand using a stand aid. Staff gave clear instructions to the person but as the person continued to struggle the staff said they would let the person rest and come back. When they returned the person still struggled so they asked them if they would prefer to use the hoist. They said they would. We also saw staff chatting with people whilst supporting them particularly when they used a hoist. They checked the person was safe and happy all the while chatting and putting the person at ease. People's responses to staff made clear that they understood what staff were saying.

People were encouraged to make decisions about their care and their day to day routines and preferences. One person told us, "I have wonderful freedom. I'm able to play the piano pretty much when I choose." Another person said, "Yes I have free choice. I like to get up about 8am for my breakfast. I like to go my own way. I like to spend time in my room but I do have some friends here." We saw people being offered choices about what to eat and drink, and what they wanted to do.

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 less 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).

The registered manager had a thorough understanding of the MCA. Staff we spoke with had a good understanding of the MCA and its importance. They understood the principles of the MCA. For example, that people had to be presumed to have mental capacity unless there was evidence to the contrary and that where people lacked capacity they were supported in their best interests in the least restrictive way. A staff member explained, "Not everyone can make decisions, but I make sure that they can make decisions however simple." Staff had completed training in MCA and DoLS. They understood their responsibilities when supporting people to make decisions. A staff member told us, "If they have the capacity to make their own decisions then so be it, but if they don't have the capacity it may be in their best interest to make decisions for them." At the time of the inspection the registered manager had submitted applications for DoLS authorisations. This demonstrated they understood the MCA.

People were supported to maintain a healthy balanced diet. One person said, "Food is good, not had fishcakes before today quite nice. There's always a choice. The other day I didn't like either option so I asked for egg on toast which they did. I sometimes like a milk in my room and I can buzz for that from my room." Another person told us, "I go down for meals. The food is good and a tea trolley comes round in the afternoons when I'm in my room. I can buzz anytime for a drink." A relative commented, "I've discussed [person] ways with the catering staff. We've agreed they ask her last as she forgets. When given options she'll go for the last thing said as she's forgotten the previous option. They know she likes mince so whatever else is on they know to give her that. It's a bonus that they listen." We saw people had jugs of juice next to them and staff prompted people to drink.

People were supported by a staff team that worked closely with other organisations and families. The registered manager liaised with social services and healthcare professionals to ensure people using the service received the support they needed. A relative told us, "Staff are very good, if there are any problems, they contact me. I know they speak to the doctor or nurse. I am quite satisfied they work well with everyone."

People had regular access to healthcare professionals and staff were aware of changes in people's health. One person told us, "I've only been here a short while but I realise that this place is competent enough to recognise if I need a medical professional and to get them."

The registered manager showed us two empty bedrooms that were being prepared for new people who were due to move to the service. We were told that people were encouraged to bring their own things to personalise their bedrooms. Where people needed special adaptations such as raised toilets this was completed prior to them moving into the service. We saw that as part of the refurbishment level access showers had been fitted and were designed to enable people to shower in private with the minimum intervention from staff, whilst remaining safe. The registered manager told us that they tried not to use signage for toilets as they thought this was institutional. People were encouraged to locate areas by following other signs. For example a downstairs toilet could be located by people following butterfly stickers on the wall. During the day we observed people were following the butterflies and they were able to find the toilets with ease.

## Is the service caring?

### Our findings

People and relatives we spoke with told us that staff were kind and caring. A person told us, "They're all kind and respectful always knock on the door, and always prepared to go the extra mile. I don't need much and I'm happy." Another person said, "They show tenderness and human care. In fact my every need is anticipated. If I look as if I need help they ask me what I want." Relatives were also positive about how staff treated people. One relative told us, "I visit regularly and staff are always kind. I've never seen or heard any staff member say anything nasty or raise their voice. Even though they are busy I never feel they rush people."

People were supported to express their views and be involved in decision making about their care. One person told us, "All the staff I've encountered have been most helpful right down to picking a good time for me to play the piano." Some people who used the service lived with dementia which meant they did not fully participate in longer term decisions about their care. However, their relatives or representatives had opportunities to be involved in decisions about how their care and support was delivered. Their relatives or representatives contributed to their care plans. For example, care plans included sections about how people wanted to be supported. A relative told us, "We were involved in the care plan when [person] first moved into Kibworth (Court)."

Throughout the day staff provided support to people and where people appeared distressed staff were quick to respond and offer comfort. Staff told us that they aimed to "provide dignified care." Another staff member told us, "I want people to be treated how I expect my family to be treated."

People received care from staff that preserved their dignity by ensuring that they were discreet in offering personal care and providing this in the privacy of their rooms or bathrooms. Male staff we spoke with were conscious about providing personal care to women residents and they told us, "I always ask every one of the ladies if they mind dealing with me." They added "I speak with them throughout the process. I make sure they are happy with me. I put a towel over them when they are sat on the bath chair. I always ask if they are happy for me to bathe them." People confirmed they could choose the gender of their carer if they wanted to. People could be assured that they would be treated with dignity and respect no matter their age, sex, race, disability or religious belief.

Relatives told us they were able to visit Kibworth Court without undue restrictions. During the day relatives and friends visited people, staff always welcomed them. One relative told us, "The staff are friendly and offer me a drink, they make us feel welcome."

## Is the service responsive?

### Our findings

At our previous inspection carried out on 10 November 2016 we found concerns that care plans did not always contain information on people's preferences and support requirements and people had mixed views on the activities offered to them. At this inspection we found improvements had been made.

People we spoke with told us that they experienced a good quality of care. A person who used the service told us, "I feel I shall settle here. I feel the staff are getting to know me." Another person said, "I'm getting the care I need, and as I said they know when to leave me alone. I think some of the staff know me as we have a bit of a laugh."

People received care that met their individual needs. Assessments had been completed for each person and care plans had been developed together with people living in the home and where appropriate their relatives. People's care plans were centred on their individual needs because they contained information about people's life history and individual preferences. One person did comment, "I don't think it's important for them to know about my past. I get what I need and I'm happy in my room." Staff told us the information in care plans enabled them to provide care that met people's preferences. For example staff knew if a person preferred a cup of tea when they first got up or what time they liked to get up.

People were encouraged to follow their interests and take part in social activities. For example, one person told us that they enjoyed playing the piano and staff supported them to continue this interest. One person told us, "I've made a few friends and we play dominoes and cards. Sometimes I'll do a group activity." Another person said, "A friend takes me to church. I'm sure if I needed it a carer would take me out if I asked." The service employed an activities organiser during the week. Where possible they involved people in both group and individual activities. For example during the morning people were involved in playing a group game and were encouraged to take part. The activity organiser also told us, "I try to stick to the activities plan, we do group activities and one to ones. The group activities are better in the mornings." They added "[Person] likes to chat and listen to music and [person] likes to play cards." These preferences were included in the information sheet held of what people like and didn't like to do. Information about upcoming activities and events were on display in the reception area. There were photographs along the corridors of different activities that had taken place during the year.

People who used the service and their relatives had access to a complaints procedure which was displayed in the entrance hall. People told us they knew how to complain, one person said, "I'm very aware how to make a complaint. I've no reason to suspect that I would get a bad deal if I complained." Relatives told us they knew about the complaints procedure and that they felt comfortable about approaching the registered manager if they had any concerns. One relative told us, "I'm well aware of the complaints procedure. [Registered manager] is very upfront. She told us all about it when we first came." The complaints procedure made clear that complaints were an important source of feedback and learning. The service had received one complaint since the last inspection and this had been thoroughly investigated. Where improvements were needed these were shared with staff at team meetings to reduce the risk of it happening again.

Relatives had opportunities to provide feedback about the service. There was a suggestions box clearly visible in the entrance hall. There were 'You said, We did' posters on the wall. However these were produced in very small print making it difficult to read. We brought this to the registered manager's attention. They told us they planned to provide information to people in a more accessible form, for example in large print versions. Examples of action taken as a result of people's comments were that the provider had started their refurbishment of the service and carpets were being replaced and bedrooms were being redecorated.

People were supported at their end of life to have a comfortable, dignified and pain free death. People had expressed their own preferences in how they wanted their care to be provided when they were at end of life. This was recorded in their records, this included if they had a DNAR in place (do not attempt resuscitation) and if they wished to stay at the service until life's end. The registered manager told us they currently did not have anyone at end of life. They knew they needed to involve the GP to obtain appropriate medicines to ensure the person remained pain free.

# Is the service well-led?

## Our findings

At our previous inspection carried out on 10 November 2016 we found concerns the provider's checks that were in place to monitor the quality of the service did not always identify areas of the service that required improvement. At this inspection we found monitoring was taking place and an action plan was created to address any areas of concern. This included the environment, cleanliness and care records. The registered manager reviewed the action plan and it was reported on as part of the next audit and any actions that had not been completed were identified with timescales for completion.

People and their relatives were happy with the service they received. One person told us, "I've been here six years and I think there is a very nice atmosphere. [Registered manager] has done a lot over the last couple of years. Corridors are nicely done. Rooms are improved. It was looking lovely for Halloween. The care is good. There's no reason to be critical it's good here." Another person said, "You can tell if a place is well run. [Registered manager] is superb. She leads with a calm demeanour whoever she is talking to." A relative commented, "I know who the manager is. It seems to be well run."

The service had a positive ethos and an open culture. A relative said, "I would feel comfortable speaking to them about any concerns or anything really." Another relative told us, "I'm understanding how it all works. I know the manager and where her office is. I know [person] is fine here." A staff member said, "The manager is open and outgoing. She tells you how it is, she is straight forward." Another staff member told us, "The top management is the best I have worked for." The philosophy of the service was to encourage independence and individuality whilst maintaining privacy and dignity. Staff had a clear vision of what the service should be. Staff comments included, "Our aim is to give good quality, safe care." And "I come in for them. I am in their home." The registered manager explained they encouraged staff to deliver high quality care by being visible around the service and available to support them when they needed it. The providers were also visible and knew who people were and were able to chat about things important to the person. This showed that the senior management of the service were leading by example in providing person-centred and inclusive care.

The registered manager and provider were meeting their conditions of registration with CQC. We saw our last inspection rating was displayed so our most recent judgement of the service was known to people and their relatives. Where a significant incident had occurred within the service, the registered manager had informed us so we could check the required action had been taken. This showed that the provider was open to sharing information with others and knew their responsibilities. The provider had made the necessary changes identified at our last inspection to improve the service. Minutes of staff meetings showed that the registered manager kept staff up to date with any changes or improvements.

People and their relatives had been asked for their feedback on the service that they received. One person said, "I think I might have done some sort of feedback." The registered manager told us they did not hold resident meetings anymore as people did not attend; instead they provided an open door and encouraged people to talk directly to them. People and relatives told us they knew they could speak with the registered manager at any time. One relative said, "I know I can talk to [registered manager] whenever I need to."

