

Tideswell Care Homes Limited

Kimberley Grace Care Home

Inspection report

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Essex
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Website:

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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

The Inspection took place on the 9 December 2015.

Kimberley Grace Care Home provides accommodation and personal care without nursing for up to 17 persons who may be living with dementia. At the time of our inspection 14 people were living at the service.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

Summary of findings

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The manager was up-to-date with recent changes to the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a GPs and district nurse.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including using questionnaires and by talking with people, staff, and relatives. The manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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.

People felt safe at the service. Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



Kimberley Grace Care Home

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.

We inspected Kimberley Grace Care Home on the 9 December 2015 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to

let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 5 people, one relative, two members of care staff, the cook, the manager and deputy manager. We reviewed four people's care files and medication charts, three staff recruitment and support files, training records and quality assurance information.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I am well looked after." One relative told us, "Its safe here, they have a good staff crew."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, "If I had any concerns I would tell the safeguarding team at social services." The service had a policy for staff to follow on 'whistle blowing'. One member of staff told us, "If I was worried about anything I would tell a senior or the manager, if I didn't think it was dealt with I would tell the CQC." The manager clearly displayed an independent service called 'Ask Sal' and 'Care watch' which are independent helplines for staff, people or relatives to call if they had any safeguarding concerns.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered preventing falls, moving and handling, nutrition assessments and prevention of pressure sores. Staff were trained in first aid, should there be a medical emergency, and they knew to call a doctor or paramedic if required. One member of staff told us, "Depending on the emergency, I feel confident I could deal with it, and would call an ambulance if needed." Another member of staff told us, "It depended on what the injury was, if it was a skin tear, we would call the district nurse who would review it and apply a dressing."

People were cared for in a safe environment. We saw the service was in the process of being updated with new furniture., and new armchairs had just arrived for people to use. One person told us, "The new chairs are lovely, very comfortable." The manager arranged for the maintenance of equipment used including the hoists, lift and fire equipment and held certificates to demonstrate these had been completed. The manager employed a maintenance person for general repairs at the service. Staff had emergency numbers to contact in the event of such things as a plumbing or electrical emergency.

There were sufficient staff to meet people's needs. A member of staff told us, "We have enough staff, some days are busier than others, but we have time to sit and talk with people and do activities with them." We saw that people were attended to in a timely manner by staff. The manager told us that they had a stable workforce and that most staff had worked at the service for a number of years. The manager did not use any agency at the service and if there were any shortfalls in staffing the regular staff would work additional hours. The manager monitored the amount of staff hours required against a dependency tool. This helped to calculate the amount of staff required to match the needs of people living at the service.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "I saw the job advertised in the job centre, I came in and spoke with the manager and filled in an application form, I then came back for an interview and was offered the job about a week later."

People received their medications as prescribed. One person told us, "The staff give me my medication four times a day." A relative told us, "My wife has just finished a course of antibiotics." Carers who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round. Staff checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The staff checked with the person if they required any additional medication such as for pain relief and asked them how much they felt they needed. We saw that medication had been correctly recorded on the medication administration cards.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, “Since I have worked here I have completed National Vocational Qualifications (NVQ) level 1 and 2 in health care.” Another member of staff told us, “I have been supported to pass my driving test, so that I can take people out in the company vehicle, and I have enrolled in an NVQ level 5 to start in January.”

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. Staff said when they first started at the service they completed their training then worked ‘shadowing’ more experience staff. This gave them an opportunity to get to know people and how to best support their needs. The deputy manager told us, “When staff first start at the service they work along side senior staff so we can assess their strengths and weaknesses and identify what training they may need.” Staff told us that they received regular supervision and had a yearly appraisal to discuss their performance.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. Staff told us that they always consulted with people and supported them with making choices on how they wish to spend their time. For example they told us how some people preferred to stay in their rooms whilst others preferred to spend time socialising with others in the lounges. People at the service had varying levels of capacity.

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. The application

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood their responsibilities and where appropriate had made applications under the act. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person’s best interests.

People said they had enough food and choice about what they liked to eat. We saw throughout the day people were provided with food and drinks. We saw staff offering people drinks and in addition taking around a tea trolley mid morning and mid afternoon with drinks and snacks such as cakes and biscuits. People told us they enjoyed the food, one person said, “I like the roast dinners and curries.”

We observed a lunch time meal; this was a very relaxed and social occasion. We observed people’s individual needs were catered for. One example of this was to aid one person to eat independently we saw they preferred their lunch in a bowl. We also noted when one person had finished their food they were offered more which they accepted. This told us staff were responding to people’s individual needs and appetites. Another person maintained their independence by eating finger food. We saw they were given a nutritious and well balanced selection of food to eat. This told us people were encouraged to maintain their independence whilst receiving adequate nutrition.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people’s weight monthly for signs of loss or gains and made referrals where appropriate. Staff were aware of special dietary requirements people had, for example making sure people with diabetes received food suitable to their needs.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as, chiropodist, district nurses, and GPs. The deputy manager told us that some people preferred to remain with their own GP rather than change when they moved to the service. This was because their GP knew them well and it was their choice to stay with them. The deputy manager told us they did not have any issues accessing people’s GP for them.

Is the service effective?

We saw the service supported people to attend hospital appointments, one person told us, “The manager takes me to my appointments and stays with me.” Another person told us, “The nurse comes in every week and changes my dressing for me.”

Is the service caring?

Our findings

People told us they were happy living at the service, one person said, "I am well looked after here." Another person said, "All the staff are very good." A relative told us, "My relative is always contented and well cared for."

The service had a very calm and relaxed environment. We saw that staff were open and friendly with people, throughout our inspection. Staff spent time talking with people about their day and positively encouraged them to maintain their independence. For example staff encouraged people to attempt to eat their meals even when they had a reduced appetite. They did this in a warm and compassionate way to encourage people with their nutritional intake. Staff were attentive to people's needs for example when somebody spilt their drink on themselves they assisted them to change their clothing.

Staff knew people well including their preferences for care and their personal histories. People were supported to spend their time at the service as they wished. For example staff knew who preferred to spend their time in their rooms and who liked to socialise with others. Staff knew people's preferences for carrying out everyday activities for example when they liked to go to bed and when they liked to get up, or which day they preferred support with a bath. A relative told us, "The staff know how to best support my relative, as she is a very private person and they need to catch her in the right frame of mind to offer support with personal care." We noted people were smartly dressed and well groomed, all the gentleman had shaved and ladies hair had been

styled and make up applied. Staff told us, people like to put their make up on and look good everyday. One member of staff said, "The ladies enjoy it when we do manicures and paint nails."

People and their relatives were actively involved in making decisions about their care. Care plans were individualised to people's need and preferences. A relative told us, "We discussed everything about the care needed and it is all written down." People had an identified key-worker, this was an allocated member of staff who helped to support them with all their needs or requests.

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people.

People's diverse needs were respected. People had access to individual religious support should they require this. The service supported a multi-faith church service every month which people chose if they wanted to attend. Staff also told us that one person was supported to receive holy communion. One person told us, "I enjoy the church service."

The service was spacious with plenty of room for people to receive visitors in their rooms or in one of the lounges. Relatives told us they visited at all different times of the day without any restrictions of visiting times. One visitor told us they had difficulty getting to the service on Christmas day so a member of staff was going to collect them. This meant they could spend time with their relative and have dinner with them. This demonstrated staff were caring and supported contact with relatives for people.

Is the service responsive?

Our findings

The service was responsive to people's needs. People were supported as individuals, including looking after their social interests and well-being. A relative told us, "In four years I have never had to complain."

Before people came to live at the service their needs were assessed to see if they could be met by the service. The manager or deputy manager went to assess new people to see if the service could meet their needs. The manager told us it was important that people's needs could be met by the service and staff working their. In addition as the service runs as people's home it was important people all got along together. Staff had a good understanding of people's care needs and routines. They were able to describe how people liked to be supported and what their preferred routines were. We found the care plans contain people's life histories and details about what or who had been important to them. The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to follow their own interests at the service or in the community. People were supported to keep community contacts and to remain in touch with friends and family. People told us how they like to go out or spend time with their families. One person told us, "My family are very good they take me out for lunch or shopping."

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. One person told us how they liked making bracelets that were then sold to raise money for charity. Another person said, "I like doing the crossword and attending the quizzes here." People told us they had plenty of activities to join in with if they wished and that the service had external people coming in every month to entertain them. One person said, "I really loved the cockles and mussels we had, there was a pianist and we sang old time songs." Another person told us, "I like going out for drive or to the pier." The manager told us they had a variety of activities for people, which included a reflexologist, singers, quizzes, a visiting PAT dog and mystery tours every Friday in the service vehicle. People confirmed that they took part in and enjoyed these activities.

The service had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People and relatives said if they had any concerns or complaints they would raise these with the manager. One person said, "If I had any complaints I would talk to the staff about it. I can talk to any of them."

Staff spoken with said they knew about the complaints procedure and that if anyone complained to them they would notify the manager or person in charge, to address the issue.

Is the service well-led?

Our findings

The service had a registered manager and deputy manager, who were very visible within the service. The manager had a very good knowledge of all the people living there and their relatives. One person told us, “The manager is a star, they are lovely.” A relative told us, “The manager is always around and talks to me when I am here.”

Staff shared the managers vision and values at the service, one member of staff told us, “The well-being of the residents is what is important and that their life is as good as can be,” Another member of staff said, “We aim to have a warm and friendly atmosphere and maintain people’s independence for as long as possible.”

People benefited from a staff team that worked together and understood their roles and responsibilities. Staff felt the manager was very supportive to their roles. One member of staff said, “I can go to the manager about anything or to the deputy or seniors, I feel very supported here.” Staff had regular supervision and meetings to discuss people’s care and the running of the service. Staff said they had regular team meetings to discuss any issues and to learn from any events and share information. Staff also had a handover meeting between each shift, to discuss any care needs or concerns that have happened and used a communication book to share information. One member of staff said, “We have a good team here and work well together.” This demonstrated that people were being cared for by staff who were well supported in performing their role.

Staff felt the manager was very supportive to their roles and listened to their opinions. For example one member of staff

told us how the service had tried running without a cook at the weekend, and a carer did the cooking instead. However they found this did not work and told the manager who employed a cook to work weekends again. Another member of staff told us, “I suggested we bought a back up washing machine in case the main machine broke down and the manager bought one.” This told us the management listened to staff opinions and acted upon them.

The manager gathered people’s views on the service through regular meetings with relatives and people. During the meetings they gained people’s views on the service and any suggestions they had. We saw from minutes that care was discussed along with food, day trips and entertainment. People had requested to attend VE day celebrations at a local church and we saw this was arranged. The manager also sent out questionnaires yearly to people, relatives, staff, and other professionals. The manager then analysed this information to see if any improvements or changes were required at the service. This told us the manager listened to people views and acted upon them to improve people’s experience at the service. We noted one compliment on a questionnaire which said, ‘Very confident that our mother is safe and well cared for.’

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example they carried out regular audits on people’s care plans and medication management. They used this information as appropriate to improve the care people received.