

Wessex Care Limited

Kimberly House Nursing Home

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

Kimberly House Nursing Home provides accommodation and nursing care for up to 21 older people. At the time of our inspection 16 people were living at Kimberly House, one of whom was in hospital. The home was last inspected in December 2013 and was found to be meeting all of the standards assessed.

This inspection took place on 17 September 2015 and was unannounced. We returned on 18 September 2015 to complete the inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from

Summary of findings

people included, “Staff always ask before doing anything – they respect me”, “I am very happy with the care provided” and “All the staff are excellent and look after me very well”.

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. One person told us, “I feel safe and secure here – no problems”.

Staff understood the needs of the people they were providing care for. People told us staff provided care with kindness and compassion.

Staff were appropriately trained and skilled. They received a thorough induction when they started working

for the home. They demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people’s needs and wishes. People had regular group and individual meetings to provide feedback about their care and there was an effective complaints procedure. One relative told us, “I am confident that if I did raise any concerns I would be taken seriously and listened to”.

The provider regularly assessed and monitored the quality of care provided at Kimberly House. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

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 who use the service said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and responded promptly when they requested support.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Good



Is the service effective?

The service was effective. Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment and took appropriate action where people did not have capacity to consent.

Good



Is the service caring?

The service was caring. People spoke positively about staff and the care they received. This was supported by what we observed.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

People's privacy was protected and they were treated with respect. Staff provided care in a way that maintained people's dignity and upheld their rights.

Good



Is the service responsive?

The service was responsive. People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work. This was supported by what we observed.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good



Is the service well-led?

The service was well led. There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines from the service through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Good



Kimberly House Nursing 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 checked 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 17 September 2015 and was unannounced. We returned on 18 September 2015 to complete the inspection.

The inspection was completed by one inspector. Before the inspection we reviewed previous inspection reports and all other information we had received about the service,

including notifications. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

During the visit we spoke with the registered manager, five people who use the service, a registered nurse, four care staff, two members of the senior management team and two directors of Wessex Care. 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 spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for four people. We also looked at records about the management of the service.

Is the service safe?

Our findings

All of the people we spoke with said they felt safe living at Kimberly House. Comments included “I feel safe and secure here – no problems” and “I feel very safe here”.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report abuse if they were concerned and were confident senior staff in Wessex Care would listen to them and act on their concerns. Staff were aware of the whistle blowing policy and the option to take concerns to agencies outside the service if they felt they were not being dealt with. We saw the home had reported issues and worked openly with the safeguarding team where any concerns had been raised.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting people to maintain their freedom. We saw assessments about how to support people to minimise the risk of falls, maintain suitable nutrition and to minimise the risk of developing pressure ulcers. People had been involved throughout the process to assess and plan management of risks. The staff we spoke with demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant’s past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.

Sufficient staff were available to support people. People told us there were enough staff available to provide support for them when they needed it. Comments included, “Staff come quickly when I use the call bell” and “Staff come quickly when called. Sometimes they’re busy first thing, but it’s never too long to wait”. Staff told us they were able to provide the support people needed, with comments including, “There are enough staff to provide the care people need” and “There are definitely enough staff – people get the care they need”.

Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed. We saw a medicines administration record had been fully completed. This gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this. There was a record of all medicines received into the home and disposed of. Where people were prescribed ‘as required’ medicines, there were protocols in place detailing when they should be administered. People told us staff provided good support with their medicines, bringing them what they needed at the right time. People also told us they were able to have painkillers when they needed them. One person told us, “They bring me what I need, when I need it. I have my inhaler here to use when I need to”.

Is the service effective?

Our findings

People told us staff understood their needs and provided the support they needed, with comments including, “Staff always ask before doing anything – they respect me” and “The staff are excellent – it’s a very difficult job and they do it very well”.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded and the registered manager had scheduled regular one to one meetings for all staff throughout the year. Staff said they received good support and were also able to raise concerns outside of the formal supervision process. Comments from staff included, “We have a good manager – she listens to staff, is helpful and takes action” and “I get good support from the manager and all staff. I have regular supervision meetings and will have an appraisal”.

Staff told us they received regular training to give them the skills to meet people’s needs, including a thorough induction and training on meeting people’s specific needs. The provider had a senior manager whose role including managing the training programme for staff. Training was provided in a variety of formats, including on-line, classroom based and observations and assessments of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the home. The training manager had a record of all training staff had completed and when refresher training was due, which was used to plan the training programme. The nurse we spoke with said they were able to keep their skills up to date and maintain a record of their continuous professional development.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) worked. The MCA

provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Applications to authorise DoLS restrictions for some people had been made by the service and were being processed by Wiltshire Council, the supervisory body. We saw cases were kept under review and if people’s capacity to make decisions changed then decisions were amended. Staff understood the importance of assessing whether a person had capacity to make a specific decision and the process they would follow if the person lacked capacity. We saw capacity assessments had been completed where necessary, for example in relation to people managing their medicines and managing the risk of falls.

People told us they enjoyed the food provided by the home and were able to choose meals they liked. Comments included, “The food is very good – we get a choice of meals”. The relatives we spoke with were also positive about the food provided, with one commenting “The food is very good”. People were able to choose to take their meals in their room, the dining room or the lounge. Visitors were able to stay and eat with people and there was a relaxed, social atmosphere during lunch.

People said they were able to see health professionals where necessary, such as their GP, specialist nurse or speech and language therapist. People’s care plans described the support they needed to manage their health needs. There was clear information about monitoring for signs of deterioration in their conditions, details of support needed and health staff to be contacted.

Is the service caring?

Our findings

People told us they were treated well and staff were caring. Comments included, “I am very happy with the care provided” and “All the staff are excellent and look after me very well”. We observed staff interacting with people in a friendly and respectful way. Staff respected people’s choices and privacy and responded to requests for support. For example, we observed staff providing comfort and reassurance to one person when they were upset and concerned about pain they were experiencing. We also saw staff providing discreet support for people to go to the toilet.

In addition to responding to people’s requests for support, staff spent time chatting with people and interacting socially. People appeared comfortable in the company of staff and had developed positive relationships with staff. We saw people chatting with staff in their rooms at various times during the visit. This helped to ensure that people who did not often use the communal areas did not become socially isolated.

Staff had recorded important information about people, for example, personal history, plans for the future and important relationships. People’s preferences regarding

their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people’s preferences for the way staff supported them with their personal care needs. This information was used to ensure people received support in their preferred way.

People were supported to contribute to decisions about their care and were involved wherever possible. For example, people had regular individual meetings with staff to review how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people’s care plans. People told us staff consulted with them about their care plans and their preferences. There were also regular ‘residents and relatives meetings’, which were used to gain feedback about the service and make decisions about activities in the home.

Staff received training to ensure they understood the values of the organisation and how to respect people’s privacy, dignity and rights. This formed part of the core skills expected from staff and was mandatory training for everyone working in the service. People told us staff put this training into practice and treated them with respect.

Is the service responsive?

Our findings

People told us they were able to keep in contact with friends and relatives and take part in activities they enjoyed. There was a list of planned activities displayed in the home, which included trips out, arts and crafts activities, visiting entertainers and religious services. The programme was designed with input from people who use the service. Some people told us they preferred to spend time in their room and make their own entertainment, for example watching television, listening to the radio or reading. We observed staff providing company and interaction with people in their rooms throughout the visit.

People had a care plan which was personal to them. The plans included information on maintaining their health, daily routines and goals to maintain skills and maximise independence. Care plans set out what people's needs were and how they wanted them to be met. The plans included a 'This is me' book, which is a document developed by the Alzheimer's Society and the Royal College of Nursing. The book allows people and those who know them well to set out details of what is important to them and how they want care to be provided. This gave staff access to information which enabled them to provide support in line with people's individual wishes and preferences. The plans were regularly reviewed with people and we saw changes had been made following people's feedback.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their problem. People told us they knew how to complain and would speak to staff if there was anything they were not happy about. One relative told us, "I am confident that if I did raise any concerns I would be taken seriously and listened to". The service had a complaints procedure, which was provided to people when they moved in.

Complaints were regularly monitored, to assess whether there were any trends emerging and whether suitable action had been taken to resolve them. Staff were aware of the complaints procedure and how they would address any issues people raised. Complaints received had been thoroughly investigated and a response provided to the complainant. Where complaints investigations identified learning points for the service, action plans had been developed and there was regular monitoring to ensure the actions were completed. Complaints were not closed until the registered manager had reviewed all actions with a director of Wessex Care as part of their supervision process.

There were regular feedback forms given out to people every three months. The issues raised were used to plan agendas and discussion points from the regular residents and relatives meetings. The results of this feedback were collated and actions planned to address any issues or concerns that were raised.

Is the service well-led?

Our findings

There was a registered manager in post at Kimberly House, although they were on a period of leave during the inspection and we only spoke with them briefly during the visit and to provide feedback. In addition to the registered manager, the management team included service managers, a quality assurance, training and safeguarding manager and the directors of Wessex Care. The service had clear values about the way care should be provided and the service people should receive. These values were based on providing a person centred service in a way that maintained people's dignity and maximised independence. Wessex Care was organised in a way that supported the registered manager to concentrate on the day to day running of the home and other tasks, such as human resources, finances and building management were covered by the central management team. This enabled the registered manager to focus on people using the service and ensure their needs were met.

Staff valued the people they supported and were motivated to provide them with a high quality service. Staff told us the registered manager had worked to create an open culture in the home that was respectful to people who use the service and staff.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us

managers gave them good support and direction. Comments from staff included, "The management are very strict. They don't like any corners being cut. There's an open door policy and we can speak to any member of the management team", "The management team are very supportive" and "The registered manager is very good. She listens to staff, is helpful and takes action if staff are not working the way they should".

There was a quality assurance process which focused on a different aspect of service delivery each month. This included an assessment of the service by the registered manager and one of the directors. Information from the reviews was used to develop an action plan to address any shortfalls and to promote best practice throughout the service. The development plan was reviewed and updated as part of the registered manager's supervision sessions with their line manager. This ensured actions were being implemented where necessary.

Satisfaction questionnaires were sent out every three months asking people their views of the service. The results of the surveys were collated and actions were included in the overall development plan for the service.

There were regular staff meetings, used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff also reported they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.