Embrace (England) Limited

Kibblesworth

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 caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection, we carried out on 13 January 2015.

We last inspected Kibblesworth in March 2014. At that inspection we found the service was meeting all its legal requirements.

Kibblesworth Care Centre is registered to provide care and treatment to a maximum of 16 adults aged 18-65 with complex physical care needs, as a result of acquired brain injuries. The centre provides long term and, respite care and also provides rehabilitation to help a person become more independent.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 said they felt safe and they could speak to staff as they were approachable. Comments included; "There always seem to be plenty of staff." And; "I feel safe living here, if I need to I can talk to the staff." We found there were enough staff on duty to provide individual care and support to people and to keep them safe.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. When new staff were appointed thorough vetting checks were carried out to make sure they were suitable to work with people who needed care and support.

People received their medicines in a safe and timely way.

The necessary checks were carried out to ensure the building was safe and fit for purpose.

Staff knew people's care and support needs and detailed care plans were in place to help staff provide care to people in the way they wanted. Information was available for people with regard to their individual preferences, likes and dislikes.

People said staff were kind and caring. Comments included; "The staff are friendly and try their best." And; "This is the best place I've been in years and I've been around. I'm not easy to deal with." However, we saw staff did not interact and talk with people when they had the opportunity.

Menus were varied and a choice was offered at each mealtime. Staff were sensitive when assisting people with their meals and the catering staff provided special diets which some people required.

Kibblesworth was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Staff had received training and had a good understanding of the Mental Capacity Act 2005 (MCA) and Best Interest Decision Making, when people were unable to make decisions themselves.

Staff were not all provided with training to give them some knowledge and insight into the specialist conditions of people in order to meet their care and support needs.

People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

People had the opportunity to give their views about the service. A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to. The provider undertook a range of audits to check on the quality of care provided.

We found that staff had not received training to give them knowledge into some specialist needs of people. This was in breach of regulation 23 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

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?

Good

The service was safe. People told us they felt safe and we found systems were in place to ensure their safety and well-being.

People's medicines were managed appropriately.

Checks to protect people were in place. Staff were appropriately vetted. Regular checks took place to make sure the building and equipment used to transport people were safe and fit for purpose.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective. We saw there were limited opportunities for staff to receive specialist training to give them more knowledge and insight into people's care and support needs.

People's rights were protected. Best interest decisions were made on behalf of people, when they were unable to give consent to their care and treatment.

People received appropriate health and social care. Other professionals were involved to assist staff to make sure their care and treatment needs were met.

People's nutritional needs were met and specialist diets were catered for.

Is the service caring?

Requires Improvement

Not all aspects of the service was caring as staff did not spend time engaging with people who used the service.

People's rights to privacy and dignity were respected and staff were patient as they provided support.

Most relatives and people we spoke with were complimentary about the care and support provided by staff.

There was a system for people to use if they wanted the support of an advocate. Advocates can represent the views and wishes of people who are not able to express their wishes.

Relatives said they were involved and kept informed about their relatives care and any change in their condition.

Is the service responsive?

Good

The service was responsive. Written information was available for people to make staff aware of the person's individual preferences, likes and dislikes

People receive supported in the way they needed because staff had detailed guidance about how to deliver people's care. Care plans provided detail of people's care and support requirements.

Summary of findings

People were encouraged to be part of the local community. They were supported to take holidays and to enjoy day trips.

People had information to help them complain. Complaints and any action taken were recorded.

Is the service well-led?

Good

The service was well-led. A registered manager was in place. Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

Staff and people who used the service said communication was effective.

The registered manager monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Kibblesworth

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 planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 January 2015 and was unannounced. The inspection team consisted of an inspector, an expert by experience and a specialist nursing advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for people with acquired brain injury and mental health needs. The specialist advisor helped us to gather evidence about the quality of nursing care provided. We undertook general observations in communal areas and during mealtimes.

Due to their health conditions and complex needs not all of the people were able to share their views about the service they received.

During the inspection we spoke with six people who lived at Kibblesworth, three relatives, the registered manager, the clinical lead nurse, five support workers, three visiting professionals and two members of catering staff. We observed care and support in communal areas and looked in the kitchen and two people's bedrooms. We reviewed a range of records about people's care and how the home was managed. We looked at care plans for five people, the recruitment, training and induction records for four staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and their relatives, the maintenance book, maintenance contracts and the quality assurance audits that the registered manager completed.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams. We did not receive any information of concern from these agencies.

Good

Is the service safe?

Our findings

Due to some people's complex needs we were not able to gather their views. Other people said they felt safe and they could speak to staff. Comments included; "There always seem to be plenty of staff." And; "I feel safe living here, if I need to I can talk to the staff." A member of staff said; "A good team of staff, work can be hard at times, a lot of physical care."

We were informed thirteen safeguarding incidents had been raised by the registered manager and reported to the local authority. They were concerning incidents of aggression with people in the service. The alerts had been investigated and where necessary corrective action had been taken by the provider.

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They told us, and records confirmed they had completed safeguarding training. Staff were able to tell us how they would respond to any allegations or incidents of abuse and were aware of the lines of reporting within the organisation. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had.

There were sufficient numbers of staff on duty however due to the complex and at times challenging needs of some people this influenced the number of staff that were available to be around to supervise and keep people safe. We observed one person in the lounge was upset on occasions and appeared to be vulnerable as other people moved around as she was unable to move out of their way.

The registered manager told us there were 13 people who were supported by six or seven care workers, a nurse and the registered manager from 8.00am: 8.00pm. The registered manager told us staffing levels were adjusted according to the needs of the people who used the service. Extra care workers would be available if people were going out or required an escort for a hospital appointment. Overnight the staffing levels were one nurse and two care workers. From 6.00pm until midnight there was an additional care worker as people told us they liked to go to bed later and some people went out in the evening so extra support was needed. The registered manager told us staffing levels were determined by the number of people using the service and their needs.

People had support plans in place which provided information with regard to their personal safety (Keeping Safe). For example; "1:1 support in the building and 2:1 support outside." This referred to the amount of staff that were required to assist the person.

A personal emergency evacuation plan (PEEP) was also available for each person taking into account their mobility and neurological disorder. This was if the building needed to be evacuated in an emergency.

We checked the management of medicines. People received their medicines in a safe way. Up-to-date policies and procedures were in place to support staff and to ensure medicines were managed in accordance with current guidance. People had 'medicine capacity' assessments in place to record if they were able to administer their medicines independently or needed support. We observed a medicines round and saw the worker remained with each person to ensure they had swallowed their medicines. Medicines records were accurate and supported the safe administration of medicines. We found that there were no gaps in signatures and all medicines were signed for after administration. All medicines were appropriately stored and secured.

Staff had been recruited correctly as the necessary checks had been carried out before people began work in the home. We spoke with members of staff and looked at four personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before they were offered their job. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with vulnerable people.

The registered provider had arrangements in place for the on-going maintenance of the building and a maintenance person was employed. Records we looked at included; maintenance contracts, the servicing of equipment contracts, fire checks, gas and electrical installation certificates and other safety checks. Regular checks were carried out and contracts were in place to make sure the building was well maintained and equipment was safe and fit for purpose. During the inspection we received official

Good

Is the service safe?

confirmation from the estates department that there was to be expenditure on some major work due to a drainage problem that had kept recurring since the building was completed.

Requires Improvement

Is the service effective?

Our findings

Staff told us that they had access to training in safe working practices. One relative commented; "Staff are not trained into the complexities of these types of people…"

The registered manager told us people who used the service had a range of complex disorders, ranging from acquired brain injury and associated behavioural problems, to complex neuro degenerative disorders, severe mental illness and autism. The registered nurses employed had general nursing or mental health nursing status and they had a range of skills and expertise. Staff training records showed care staff had not received training to meet the specific needs of people who lived at the service. For example, some staff had received training with regard to autism and dementia however, people who lived at the service had other conditions which staff required some knowledge and insight into their conditions in order to support them. Some care staff told us they wanted to have some training in mental health to give them more of an understanding of the needs of people they supported. The staff training matrix showed us, and staff told us, they had completed computer based e–learning courses but they had not received face to face training. We considered this was not necessarily the best method for developing skills in dealing with more complex combinations of problems that staff may encounter in supporting people. The registered nurse told us two members of staff were studying for a National Vocational Qualification (NVQ) at level 2.

We had concerns that all staff had not received training to increase their skills and knowledge in other areas to give them more knowledge and insight into people's conditions.

This was in breach of regulation 23 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2010, which corresponds to regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. This helped to ensure staff were aware of their legal responsibility when working with people who did not have mental capacity.

The registered nurse told us qualified staff from within the organisation provided training in physical intervention/ breakaway techniques to help support people who may have behaviour that challenged. The underlying philosophy was on de-escalation of the situation as opposed to physical intervention when a person was upset.

Staff told us they were supported to carry out their caring role. One staff member said; "I feel well supported." Another said; "I feel I'm wanted and know the importance of making people happy. I've adapted." Support workers said they had regular supervision every three months with the senior support worker and nurses received six monthly supervision from the manager. Staff said they could approach the management team at any time to discuss any issues. They also said they received an annual appraisal to review their work performance. They said there was a good atmosphere in the home and they felt well supported by colleagues and senior staff.

CQC monitors the operation of DoLS. DoLS are part of the MCA. These are safeguards put in place by the MCA to protect people from having their liberty restricted without lawful reason. We checked with the registered manager that DoLS were only used when it was considered to be in the person's best interests. They were aware of a court judgement that extended the scope of these safeguards. We found as a result, that a number of applications were being considered and three people were currently subject to such restrictions.

We saw the care records for one person with a DoLS in place showed that an extension of DoLS had been made in October 2014 to a local authority and at the inspection on 13 January 2015 the renewal had not been formally re-authorised. The paperwork had also not been received from the

original DoLS application from six months earlier. This was discussed with the registered manager who indicated that they were experiencing problems with certain local authorities due to the recent increase in DoLS applications. The registered manager contacted the relevant authority and the necessary forms were faxed through after he was proactive and contacted them.

People we spoke with did not raise any concerns about food at the home. One person commented; "The food is good here and I love having a cooked breakfast every day." And; "The food is okay, there's plenty to eat." Another person said; "I have full English every morning." Meals were well presented and people were offered a choice. Regular

Requires Improvement

Is the service effective?

drinks and snacks were served throughout the day in addition to the main meals. Staff knew about people's dietary and nutritional preferences. We looked around the kitchen and saw it was well stocked with fresh, frozen and tinned produce. We spoke with the cook who was aware of people's different nutritional needs and special diets were catered for. For example; a person who was of Sikh religion did not eat minced beef but enjoyed lasagne made from Quorn(a vegetable substance).

People's healthcare needs were met as records showed staff received advice and guidance when needed from specialists such as; physiotherapists, speech and language teams, dieticians, specialist nurses and occupational therapists. People had regular access to their GP or district nurse when appropriate. Records were kept of visits and any changes and advice was reflected in people's support plans. For example, advice was available in one person's support plan from the speech and language team and the occupational therapist. For another person a tissue viability nurse was involved to advise about pressure area care.

People's needs were discussed and communicated at staff handover when staff changed duty, at the beginning and end of each shift. This was so staff were aware of risks and the current state of health and well-being of people. There was also a detailed handover book that recorded information about people who lived at the home, as well as the daily care entries in individual people's records.

The registered nurse told us two shift patterns were used at the home for working during the day. One team worked four days per week and the other worked three days with the pattern alternating each week. To ensure continuity of care and good practice in each team the clinical lead nurse and senior support worker rotated between each team.

Requires Improvement

Is the service caring?

Our findings

People who used the service and most relatives were complimentary about the care provided by staff. They said staff were caring and they felt comfortable with them. Comments included; "If I need anything I just ask staff." Another person said; "The staff are caring and don't use restraints." And; "The staff are friendly and try their best." "All the staff are kind." "This is the best place I've been." And; "All the staff are friendly." Another person said; "This is the best place I've been in years, and I've been around. I'm not easy to deal with." A relative said; "I visit freely and I'm always welcome."

We observed the interactions between the staff and people who lived in the home. Staff responded swiftly to diffuse a potentially difficult situation between two people. Staff said they sometimes used humour and 'banter' to diffuse a difficult situation. Staff were pleasant and caring with people when they provided support. We noticed positive interactions, not only between care workers and people, but also other members of the staff team.

Although staff were available in the lounge they did not take the opportunity to talk to people and spend time listening to what they had to say. We observed some staff only engaged and interacted with people when they were carrying out a task with a person. For example, assisting them to move or taking someone for a cigarette. Some workers were observed to talk amongst themselves rather than with people who used the service.

We saw the lunchtime meal was calm and relaxed. Some people came to the dining room for their meal and some people remained in their bedroom. Staff gave assistance to people who needed to be helped to eat in a quiet and unhurried way. They provided help and encouragement and waited patiently as they gave assistance.

We spoke to a community dentist who was visiting the home and they said; "The care seems to be appropriate."

Family members told us they were kept informed about any changes in their relative's condition and were invited to any meetings to discuss their relative's care. A meeting was taking place with a relative on the day of inspection. One relative commented; "They (staff) keep me in the loop and discuss things with me."

There was information displayed in the home about advocacy services and how to contact them. Advocates can represent the views and wishes for people who are not able to express their wishes. No one had an independent advocate at the current time as people had relatives involved.

Good

Is the service responsive?

Our findings

People said they were supported and involved in planning their care. One person said; "I say what I'd like to do." Records showed people signed their care plans where possible and one person's care plan said; "Staff listen to my opinion." People were supported to access the community and take part in activities according to their individual interests and abilities. Comments included; "I like it here, the staff are good and take me out when they can." And; "I like my room and they (staff) help me keep it clean, they help with laundry." Another person said; "Good to see people moving on to live more independently." And; "I go go-karting." Another person commented, "I go to the pub for a drink." And, "I go out on the bus." One person said; "I'm just left here to sit all day with the television on, there's nothing else to do." Another person said; "We've put forward the need for a mini bus so in the better weather we'll be able to get people out and about in the fresh air."

People's needs were assessed before they moved into the home to ensure that staff could meet their needs and that the home had the necessary equipment to ensure their safety and comfort. Records confirmed that pre-admission assessments were carried out before people moved into the home. Assessments were carried out to identify people's support needs and care plans were developed that outlined how these needs were to be met. For example; a person was re-learning skills to live independently in their own flat. For another a care plan stated; "I would like to use my wheelchair independently without help."

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. They also included people's catering likes and dislikes. For example; "I like chips, sauces, curry and broccoli."

People told us they were encouraged to make choices about their day to day lives. People told us they were able to decide for example; when to get up and go to bed, what to eat, what to wear and what they might like to do. One person said; "I like to stay up late and then have a long lie." Another said; "I choose my food."

We saw some information was made available for staff to help people make choices and to communicate. For example we saw a person's care plan stated; "Sometimes it is helpful to have things written down for me as this will help me when I am unable to make a choice."

Information was available about people's life histories, their wishes with regards to their care when they were physically ill and reaching the end of their life, or arrangements for after their death. For example, to record their spiritual wishes or burial requirements. Therefore information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Staff made appropriate best interest decisions as required, if it was assessed someone did not have the mental capacity to make their own day to day decisions. They described how they supported people who did not express their views verbally. They gave examples of asking families for information, showing people options to help them make a choice such as two plates of food, and two items of clothing. They also observed facial expressions and looked for signs of discomfort.

Written information, a 'hospital passport', was provided by the home when a person was admitted to hospital. It included a summary of the person's health, medicines, allergies and the person's specific care needs. This information was to ensure that staff were given all the appropriate information and to support the person when they were admitted to hospital. It also included information in order to help ensure more personalised care was provided. It explained about the person and things of importance to them, when they could not verbally say for themselves.

Records showed people were supported to follow their interests and hobbies. For example, ten pin bowling, going for walks, attending church, pamper sessions, shopping at local shopping centres and in the village. On the day of inspection we did not observe any activities taking place with people in the home as we were told the activities

Good

Is the service responsive?

person was absent. We observed games and resources were available but staff did not use them. We saw some people were supported to go out to the local shops with staff.

Some people were supported by staff to go on holiday. One person said; "I've been to Haggerston Castle and Spain." Another person had holidayed at Kielder with the Calvert Trust which provided holidays for people with physical needs.

Staff at the service responded to people's changing needs and arranged care in line with their current needs and choices. The service consulted with healthcare professionals about any changes in peoples' needs. For example; the physiotherapist for advice with mobility. We saw that staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans that were up-dated monthly. This was necessary to make sure staff had information that was accurate so people could be supported in line with their up-to-date needs and preferences.

People said they knew how to complain. The complaints procedure was on display in the entrance to the home. People also had a copy of the complaints procedure that was available in the information pack they received when they moved into the home. A record of complaints was maintained. Two complaints had been received since the last inspection which had been investigated and the necessary action taken. Comments included; "If I needed to complain I'd tell a member of staff." And; "I've had no problems since I've been here."

Good

Is the service well-led?

Our findings

A registered manager was in place and they had been registered with the Care Quality Commission in 2014. The provider had been pro-active in submitting statutory notifications to the Care Quality Commission, such as safeguarding applications, applications for Deprivation of Liberty Safeguards and serious injuries.

Staff said they felt well-supported and there was good communication in the home to help make sure they were kept up to date. Comments included; “The registered manager is supportive.” And; “We have regular staff meetings.” And; “I’m new but I’m settling well, everyone is helpful.” Another staff member said; “New staff get good support here.”

Staff meetings were held two monthly to keep staff updated with any changes within the home and to discuss any issues. Recent meetings had discussed communication within the home, staff performance, accidents and incidents, people’s care and record keeping. A meeting had also taken place with people who used the service before Christmas to discuss festivities and outings.

Staff spoke positively about the approachability and support of the registered manager and staff team. There was evidence from observation and talking to staff that they knew the people they supported well and they were keen to encourage them to retain some control in their life and be involved in daily decision making.

Records showed audits were carried out monthly and updated as required. Audits included checks on; care documentation, medicines, staff training, medicines management, nutrition, skin integrity and falls and mobility. Daily and monthly audits were carried out for health and safety, medicines management, laundry and maintenance of the environment. Minutes were available from three monthly health and safety meetings and areas discussed included; moving and handling issues, accident and falls analysis, fire risk, infection control, the results of a recent kitchen audit and security. The registered manager told us monthly audits were also carried out by the regional manager to check on the quality of audits carried out within the service. A six monthly financial audit was carried out by a representative from head office. These were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **Staff were not all given training to give them knowledge and insight into the conditions of people they supported.**

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.