

# Community Care Solutions Limited

## Kimbolton

### 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 ●



# Summary of findings

## Overall summary

Kimbolton is a residential care home for up to six people with learning disabilities and complex needs. It is situated in Bedford, near to local amenities and the town centre, making it accessible for people to engage in the wider community.

At the last inspection, the service was rated Good.

The inspection was undertaken as part of our routine re-inspection programme, to review the rating from the first comprehensive inspection completed on 4 March 2015.

At this inspection we found the service remained Good.

People felt safe and comfortable with the staff that supported them. Staff understood their responsibilities to protect people from the risk of abuse and had received training to assist them. Risk assessments identified specific risks for each person and gave guidance to staff about how they could assist people in a way which promoted their independence and choice. Staffing numbers were flexible and sufficient enough to ensure staff could safely meet people's needs. The provider had a robust system for employing new staff and ensured pre-employment checks were conducted prior to staff starting work. People were supported with their medication by staff who were trained and assessed as competent to give medicines safely and as prescribed.

People were confident staff had the skills and training to undertake the care being provided. Staff had access to training and professional development and a system was in place to ensure their training was up to date. Staff had received training on mental capacity and demonstrated an understanding and worked within, the principles of the Mental Capacity Act (2005). As a result, people's legal rights were protected and staff ensured people's rights to make decisions were respected. People had access to health professionals when needed and staff advocated on behalf of people to ensure appropriate health care was provided.

The delivery of care was person centred and where appropriate people and their relatives were involved in their care needs. This ensured decisions made met their specific needs. Staff were kind and compassionate and treated people with dignity and respect.

Care plans detailed the individual care and support needs of the person, and ensured that the delivery of care was responsive to people's needs. Where people's needs changed staff were informed so that care plans were adjusted to reflect the change. Records detailed people's preferred methods of communication, favourite activities and personal choices and these preferences were known to the care workers. People and their relatives knew what to do if they had any concerns about their care, and the provider responded positively to any issues or complaints raised.

We found the provider had systems to assess, monitor and improve the quality of the service and obtained



feedback on the service provided. Staff were given responsibility and were involved in the day to day running of the service. They felt able to make suggestions about how the service could be improved. The views of people about the service were listened to and appropriate actions were taken to improve the service people received.



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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●



# Kimbolton

## **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 inspection took place on 14 March 2017 and was unannounced. The inspection was undertaken by one Inspector.

We checked the information we held about the service and the provider. We saw that no recent concerns had been raised and that we had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection, we observed how the staff interacted with the people who used the service. We also observed how people were supported during their breakfast and lunch and during individual tasks and activities.

We spoke with two people who used the service. We also spoke with the registered manager, the service manager, and one member of care staff.

We looked at three people's care records to see if their records were accurate and up to date. We also looked at three staff recruitment files and further records relating to the management of the service, including quality audits, to ensure that effective monitoring of the service was being maintained.



# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, "Yes, I feel safe living here. Staff look after me." Staff told us and records showed, they had received appropriate training in safeguarding and how to protect people from harm and abuse. One staff member said, "I would make sure I documented things and report it straight to [Name of Registered Manager], I know she would deal with it." Throughout our visit we observed that people looked comfortable and at ease in the company of staff. Evidence confirmed that when required the registered manager submitted safeguarding alerts to the local safeguarding team for investigation.

Individualised risk assessments were in place to promote people's safety and to maintain their independence. Staff were focused on positive risk taking so that people could continue to lead full lives. One person said, "They make sure my chair is safe and I can then move about." The service manager was clear in her vision that people should be supported to remain as independent as possible. Our conversations with staff highlighted that they too shared this commitment to risk management; that with effective measures in place people could be supported to achieve what they wanted. We saw that risk management plans covered areas of needs such as, moving and handling, medication and nutrition. Records demonstrated that they were reviewed regularly and updated when a person's needs changed.

We found that robust accident and incident recording procedures were in place. Staff confirmed that the registered manager was made aware when incidents occurred, and that action was taken where necessary. This demonstrated a positive attitude in promoting people's safety. We saw evidence that the registered manager or a senior member of staff was on call to provide advice and support to the staff team in an emergency situation or in adverse weather conditions.

Safe recruitment practices were followed. Staff had undergone full pre-employment checks, and references had been obtained. We saw evidence within the staff files viewed that the necessary staff recruitment documentation had been obtained before they commenced work at the service.

People told us there were sufficient numbers of staff available to meet their needs. One person said, "I don't have to wait a long time if I need help." The registered manager and staff confirmed that the staffing numbers were sufficient to meet people's needs. During the inspection we observed there were staff available at all times, to provide assistance to people if needed. The staff rotas confirmed that staffing numbers were consistent and sufficient to meet the needs of people using the service.

People's medicines were managed safely and administered at the prescribed times. One person told us, "I always get my tablets." Staff had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "We are always being assessed to make sure we are safe. I think it is a good thing. I take medication very seriously and want to make sure it is right." Records we looked at confirmed that medicines were administered in line with current best practice guidelines and that people's medicine administration records (MARS) had been fully completed.



# Is the service effective?

## Our findings

Staff had the knowledge and skills to carry out their roles and responsibilities. One person explained how staff knew which sling to use when they supported them to transfer via hoist and said, "They know how I need to be looked after." Staff were provided with the appropriate training to enable them to carry out their roles. One staff member said, "We have a lot of training here. It all helps though and the competency tests make you think, and consider what you know and what you don't." Records demonstrated that staff had been provided with induction training and those new to the service were working towards achieving the care certificate. On-going training for staff had been arranged to enable them to acquire the knowledge and skills to meet the diverse needs of all people using the service.

The registered manager told us that each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files we examined to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a good knowledge of the legislation as laid down by the MCA and the associated DoLS. Discussion with them confirmed they understood when an application should be made and how to submit one. At the time of the inspection two applications had been made and were waiting to be approved. We did not observe people being restricted or deprived of their liberty during our inspection.

Our observations confirmed that people's consent was gained before staff assisted them with care and support. One person told us that staff always explained how they were going to support them and gained their consent before they did so. Staff told us and records confirmed that they had received training as part of their individual training.

People were supported to eat and drink enough to maintain a balanced diet. One person commented, "The food is very nice. We get to choose our own meals." We observed a weekly menu which enabled people to plan what they wanted for meals. We also saw that snacks were available for people in between meals. Within the care plans we looked at we saw that there was documentation in relation to people's dietary needs.

People were supported to maintain good health and had access to a range of healthcare services. One person told us, "They help me to see the doctor." Staff told us if there was deterioration to a person's health



they would report it to the registered manager or a relative and if needed contact the GP or health care professional for support or advice. Each individual had a health passport which contained all of their medical information. Within these we saw that people had attended appointments with health care professionals to maintain their health.



# Is the service caring?

## Our findings

People told us that staff were always compassionate towards them, and very kind and caring. One person said in reference to the staff, "I like them, they are good." Another person told us, "I like being here, they look after me." People told us about the nice things staff had done for them and took great comfort from being with staff that knew them so well. We observed that staff were patient, they engaged with people in a meaningful way and took time to listen and talk about things that were important to them; such as the music, food or activities.

Throughout our discussions with staff it was apparent that they had a really good knowledge of the people they cared for. They were able to give us relevant information about people's needs, their backgrounds and conditions and their likes and dislikes. Staff understood the support required to meet people's needs appropriately. We observed staff spending time with people, making sure they understood what was happening and when they needed to be ready. We saw that people were comfortable in the presence of staff and observed staff members adapting their communication to meet the needs of each individual. People were relaxed and comfortable in the presence of staff and looked to staff for reassurance if they felt unsettled or anxious.

People and their relatives were involved in care planning and kept updated with any developments at the service. Information was available throughout the service and guides were given to people and their family members to ensure they had all the information they needed.

People were also involved in making day to day decisions. For example we saw one person choosing items to make their breakfast with. Another person was choosing what they would have in their sandwiches for lunch. During the day we saw people choosing either to go to their room or spend time in communal areas; one person decided they would like to go into town and were supported to do so. This demonstrated that people had control over their day to day lives and were supported to make decisions.

People were treated with dignity and respect, for example, staff spoke to them in a calm and quiet way they knew would help to settle them. Staff told us it was important to ensure people's privacy and dignity was maintained; for example, by knocking before entering people's bedrooms or closing curtains prior to commencing personal care. People's privacy and dignity was respected and promoted by the staff who supported them.



## Is the service responsive?

### Our findings

People received person-centred care. One person told us how the staff provided care just for them, in the way they needed. They also told us that staff supported them with the things they liked, for example, listening to music and using their computer. Staff members told us that each person had a personalised care plan in place which was regularly reviewed and updated. The registered manager told us about plans to introduce care plans which contained information about specific goals which people were working towards, and their progress against those goals. We saw that care plans contained information about people's preference, needs and the things that they could do for themselves.

Staff told us that people's needs were fully assessed before care commenced and records we looked at confirmed this to be the case. Staff also told us that people's care plans informed them well, and were very clear about what they must and must not do to support each person. Care plans seen contained information on the different aspects of a person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and were focussed on the outcomes that people wished to achieve from being supported. We saw evidence that when there was a change to a person's needs the care plan was updated to reflect the change.

People were supported to follow their interests and engage in a wide range of activities outside of the service. These were specific to the preferences for each individual and supported them to develop their independence and achieve their goals. One person went out to work in a paid role, whilst others attended a day centre on a regular basis. Another person enjoyed going to the cinema and bowling. People were enabled to engage as much or as little as they wanted to, but staff always strived to find something that people enjoyed doing.

Feedback, including complaints, was welcomed by the service. One person said, "I don't have any complaints." The registered manager told us, and records confirmed, that any received comments were used to help develop and improve the service. We saw that they were policies in place for complaints and that information on how to raise complaints was readily available. Complaints and compliments were recorded, along with the action that had been taken by the service as a result.



## Is the service well-led?

### Our findings

There was a very positive culture at the service. Staff were enthusiastic and well motivated to perform their roles and meet each person's specific needs. One staff member said, "I feel blessed to be working here, I really do. I love it." Another staff member told us, "I love working here, we all work as a team and want the best for everybody."

There was a registered manager 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 2008 and associated Regulations about how the service is run.'

People knew who the registered manager was and felt they were approachable and accessible. One person told us, "She [Name of Registered Manager] is good." Staff also felt very well supported by the registered manager, as well as other senior staff members and the provider.

There was a range of different quality assurance systems in place at the service. We saw that different audits and checks were carried out to identify areas for improvement. Action plans were in place to ensure that those areas which were identified were addressed. The registered manager complied with their statutory CQC obligations in notifying us about reportable incidents.