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Kimberley Grace Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Kimberley Grace Care Home is a residential care home providing personal and nursing care for up to 17 older people. Some people who resided at the service were living with dementia. At the time of our inspection there were 16 people living at the service and this included one person who was in hospital. Kimberley Grace Care Home accommodates people in one adapted building across three floors.

People's experience of using this service and what we found

Not all risks to people's safety and wellbeing were assessed or recorded and improvements were still required relating to safe medication practices and procedures. The service's fire arrangements were not safe. No information was available to evidence if improvements required as cited within the service's fire risk assessment had been completed. The service's fire alarms and emergency lighting were not regularly tested and not all staff had participated in fire drills, particularly night staff. Satisfactory arrangements were not in place to ensure there were enough staff to meet people's needs and the tool used to determine the number of staff required was not 'fit for purpose'. Findings from this inspection showed lessons were not learned and improvements were not made when things went wrong. People told us they were safe. Suitable arrangements were in place to protect people from abuse and avoidable harm. Staff knew what to do to safeguard people. Safe recruitment practices were in place to make sure the right staff were recruited although not all gaps in employment had been explored. People were protected by the prevention and control of infection.

Staff training records showed not all staff employed at the service had received mandatory training in key topics. Not all staff had received an 'orientation' induction. Staff had not received regular supervision or an annual appraisal of their overall performance. People were not always supported to access healthcare services and receive ongoing healthcare support. The dining experience for people was positive and they were complimentary about the meals provided. The service worked with other organisations. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, best interest assessments were not completed where bedrails and sensor alarms were in place.

People's comments about the quality of care and support they received was positive. People told us they were treated with care and kindness. People were treated with respect and dignity.

Not all people using the service had a care plan in place detailing their care and support needs. Improvements were still required to ensure information clearly recorded people's care and support needs and the delivery of care to be provided. Though efforts were made to engage people in 'in-house' activities, people were not supported to participate in social activities within the local community. The service was not fully compliant with the Accessible Information Standard to ensure it meets people's communication needs. People and those acting on their behalf were confident to raise issues and concerns.

Suitable arrangements were still not in place to ensure the leadership, management and governance arrangements at the service were effective and outcomes for people assured high quality and person-centred care. Our findings demonstrated the provider did not have good oversight of the service and little improvement had been made since our last inspection to the service in October 2018.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The rating at our last inspection was requires improvement (published December 2018). There were four breaches of regulation. These related to breaches of Regulation 9 [Person-centred care], Regulation 12 [Safe care and treatment], Regulation 14 [Meeting nutritional and hydration needs] and Regulation 17 [Good governance].

At this inspection we found minimal improvements had been made to address previous identified shortfalls. Although the provider was no longer in breach of one out of four regulations, the service remains in breach of Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and Local Authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

Inadequate ●

Kimberley Grace Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Kimberley Grace Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The manager had submitted an appropriate application to the Care Quality Commission to be registered as the manager for Kimberley Grace Care Home. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

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 four people who used the service. We spoke with four members of staff including the deputy manager, both senior and care staff. Additionally, we spoke with the manager and the service's business manager who was responsible for the organisation's training.

We reviewed a range of records. This included five people's care records and seven people's medication administration records. We looked at three staff files in relation to recruitment, staff training records and the service's staff supervision planner. A variety of records relating to the management of the service, quality assurance information and policies and procedures were viewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We contacted four people's relatives between Christmas and New Year and asked them to contact us. At the time of writing this report we had received no responses.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection to the service in October 2018, not all risks for people using the service were identified and assessed. Improvements were also required relating to the service's medication practices and procedures. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found not enough improvement had been made and they were still in breach of this regulation.

Assessing risk, safety monitoring and management; Using medicines safely

- Not all risks to people's safety and wellbeing were assessed and recorded. Although a risk rating assessment was completed in relation to falls, manual handling, nutrition and the development of pressure ulcers, this only provided a score and told staff if the person's needs were low, medium or high. However, not all of these were completed for two out of three care files viewed.
- Information about specific risks to people's health and wellbeing and the steps required to mitigate these was not completed. The failure to provide staff with all the information they needed to understand how to support people safely, placed them and staff at potential risk of harm.
- One person's care file referred to them having suicidal thoughts, however the potential risk to the person using the service had not been assessed and recorded.
- One person had bedrails fitted to ensure their safety whilst they remained in bed. A risk assessment was not completed to ensure this equipment was safe or appropriate. The potential risks relating to entrapment or rolling over the top of the bedrails had not been assessed.
- Not all risks were completed for one person who was admitted to the service on respite. The person's pre-admission assessment stated they had a catheter fitted. No one had considered the potential implications and risks of having a catheter fitted, such as, Urinary Tract Infections [UTI], bladder spasms, leakage or the catheter becoming blocked. An entry recorded within the person's healthcare professionals record showed the person's catheter became blocked and assistance had to be sought. There was a kink in the catheter tube and the latch had been left open. This had not been identified by staff employed at the service.
- The Medication Administration Records [MAR] for seven out of 16 people were viewed. Although there were no unexplained gaps on the MAR, the records for two people showed they were prescribed a specific medication which should be administered as PRN [as required] when they became distressed or anxious. However, MAR forms showed this medication was given every day. This was not in line with the prescriber's instructions or PRN protocols. Antecedent Behaviour Charts [ABC] used to record incidents of distressed or anxious behaviour did not correspond with entries recorded on the MAR. This meant people were receiving medication unnecessarily.

- Not all medication was stored securely. On the first day of inspection, at 12.01 the fridge used to store medication was observed to be unlocked. In the fridge were four bottles of medication containing tablets for one person and three inhalers for three individual people. This could place people at risk of accessing medication they were not authorised to have access to and which could place them at risk of harm. We brought this immediately to the deputy manager's attention and asked them to lock the fridge. On the second day of inspection at 8.50am, the fridge was again not locked.
- Two members of staff who administered medication during the inspection, were observed at lunchtime and teatime on day one of the inspection, to handle people's medication with their fingers. This was not hygienic and could change the properties of the medication being given, making it less effective.
- The fire risk assessment of Kimberley Grace Care Home was completed in May 2019. The service was assessed as moderate risk, with four elements judged as low risk and nine elements judged as medium risk. Although the risk assessment stated a contractor was booked, there was no evidence available to confirm if these actions had been completed. We discussed this with the manager, but they were unable to provide us with any information as they had only been in post since the 4 November 2019. They told us they would seek clarification from the provider and get back to us. At the time of writing this report no additional information had been provided. Following the inspection the provider wrote to us and confirmed the actions from the fire risk assessment had been actioned.
- The service's fire alarms and emergency lighting were not regularly tested, and it was unclear if the staff member responsible for testing both systems had been assessed as competent and received a higher level of fire training to enable them to undertake this task effectively. Though the emergency lighting had been tested on 6 October 2019, multiple defects were found nine days later by an external contractor. This demonstrated the current arrangements for testing the service's fire alarms and emergency lighting were not effective. Following the inspection the provider wrote to us and provided evidence to show works were completed on 3 December 2019.
- The list of staff who participated in fire drills was not up-to-date. For example, eight members of staff were still listed but no longer employed at the service and two existing members of night staff and one member of day staff were not recorded. There was no information recorded to demonstrate these staff had participated in a fire drill.

Staffing and recruitment

- Satisfactory arrangements were not in place to ensure there were enough staff to give people the care and support they need. Staffing levels were reduced from one senior member of staff and two care staff to one senior member of staff and one care staff between 6.00pm and 8.00pm each day. During this time communal lounge areas were left unsupported while staff assisted people to have their comfort needs met or to assist them into their night clothes and to bed. In addition to providing care and support to people using the service, one member of staff was required to prepare and serve the teatime meal each day and staff were observed to complete people's laundry.
- The staff rosters showed there was a 'waking' night member of staff and a staff member who 'slept in' between 8.00pm and 8.00am each day. We were told this came into force in September 2019. Staff confirmed four to five people required two staff for support with their manual handling and personal care needs. It was unclear how this could be achieved safely with only one waking night member of staff on duty.
- Although the provider had a tool to determine the number of staff required to meet people's needs, information available showed this was only completed on 28 and 31 March 2019 and 4 October 2019. There was no evidence to demonstrate this was 'fit for purpose' as it did not consider people's social care needs, risks [which were either not assessed or up-to-date] or the layout of the service across three floors.

We recommend the provider seek advice and guidance to ensure staffing levels at the service are appropriate to meet people's care and support needs, and the staffing tool used to determine the service's staffing levels is 'fit for purpose' and robust.

- Staff recruitment records for three members of staff were viewed. Relevant checks were completed before a new member of staff started working at the service, but minor improvements were required as not all gaps in employment had been fully explored.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "Safe, I think so."
- The incidence of safeguarding concerns at Kimberley Grace Care Home was low.
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to the management team, the organisation and external agencies, such as the Local Authority or Care Quality Commission.

Preventing and controlling infection

- The service was clean and odour free.
- Personal Protective Equipment [PPE] such as gloves, aprons and liquid soap were available to staff to prevent and control infection.
- Most staff had completed infection control training.

Learning lessons when things go wrong

- The inspection highlighted few lessons had been learned and improvements made since our last inspection in October 2018. Where improvements were made, this referred to an improved dining experience for people using the service and meeting people's manual handling needs. However, as detailed within this report, three out of four breaches of regulation had not been addressed and there was little information available to show this had been picked up by the previous manager and provider.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training records showed not all staff employed at the service had received mandatory training in line with the organisation's expectations. For example, records for one member of staff showed they commenced employment at the beginning of November 2019 but only completed manual handling training after six days and basic first aid eight days later. No other evidence of training was available.
- Not all staff were complimentary regarding the training provided. For example, staff told us some of the training provided was rushed and they did not feel confident in these topics, for example, fire awareness. Staff confirmed not all had had the opportunity to practice using specific equipment for manual handling. The latter referred specifically to staff being shown how to use a hoist but no other equipment, such as, a selection of hoists [mobile hoists and hoists to raise people from the floor if they had fallen], slings of different types and sizes, transfer boards, handling belts and emergency evacuation equipment.
- Where staff had attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework [QCF]; and had limited experience in a care setting, staff had completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. Though the latter was completed, there was no evidence available to confirm staff had completed workbooks or competency assessments to demonstrate their understanding. Some staff were seen to have completed the 'Care Certificate' but with little other specific training undertaken. We discussed this with the business manager responsible for training within the organisation. They confirmed they were unaware of additional training in specific subject areas being required but with the support of the manager would address the shortfalls.
- Staff were expected to complete an 'in-house' orientation induction when first employed. We found no induction available for one out of three recruitment files viewed.
- The supervision planner for 2019 showed not all staff had received regular formal supervision. Records viewed confirmed this. The deputy manager had only received two supervisions since August 2018. A senior member of staff had only received one supervision since April 2018. Staff spoken with could not remember when they last received supervision. Not all staff had felt supported by the service's previous manager but confirmed this was now improving with the appointment of a new manager.
- Staff employed longer than 12 months had not had an annual appraisal. This was confirmed as accurate by three members of staff and the newly appointed manager.

Appropriate arrangements were not in place to ensure staff received mandatory training, induction,

supervision and an appraisal of their overall performance. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their admission to the service. People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

At our last inspection to the service in October 2018, suitable arrangements were not in place to enable us to determine if people's nutritional and hydrational needs were satisfactory and being met. This was a breach of Regulation 14 [Meeting nutritional and hydration needs] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found enough improvement had been made and they were no longer in breach of this regulation.

Supporting people to eat and drink enough to maintain a balanced diet

- People's comments about the food were complimentary. Comments included, "The food is always very nice, there is plenty of it" and, "Food is okay, it's fine."
- The dining experience was positive. People could choose where to have their meal, for example, at a table in the dining room, sitting in a comfortable chair or in the comfort of their bedroom. People were not rushed to eat their meal and where they required staff assistance this was provided in a respectful manner. The meals provided were in enough quantities and looked appetising. Where appropriate, people were given bite-sized finger food to help aid their independence.
- Since our last inspection in October 2018, a formal nutritional and hydration risk assessment had been introduced. Though this was positive, this was not completed for all people using the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Although the service worked with other organisations to ensure they delivered joined-up care and support, records suggested people did not always have access to healthcare services when needed. The daily care records for one person recorded them as having problems with a tooth and this was preventing them from eating anything too hard. No information was recorded to demonstrate what actions were taken by staff to seek appropriate oral healthcare or emergency dental care. We discussed this with the manager and they confirmed this had not been brought to their attention, but they would investigate further.
- The records for one person recorded in September 2019 and October 2019, two specific areas of their body had become red, bloody, compromising their skin integrity. Other than a topical cream applied by staff, there was no information recorded to indicate a healthcare professional, such as the District Nurse, had been contacted for advice and intervention. Following our inspection the provider wrote to us and confirmed appropriate healthcare interventions had been provided.
- No people at the service had had their oral healthcare needs assessed. The manager was aware of the Care Quality Commission's review ['Smiling Matters'] on the state of oral health care in care homes in England which was published in June 2019 but had not yet read the document.

Adapting service, design, decoration to meet people's needs

- The PIR recorded and this was confirmed by the manager, a programme of refurbishment and redecoration was in place. Since our last inspection to the service, door wraps had been applied to people's bedroom doors and communal bathrooms to make it easier for people living with dementia to find their way around. Double glazed windows and doors had been installed and on the ground floor the flooring had been replaced to aid the service's infection control procedures. The dining room had been redecorated.
- People had personalised rooms which supported their individual needs and preferences.

- People had access to two communal lounge areas and separate dining facilities.
- People had access to a secure garden to the rear of the property.

Ensuring consent to care and treatment in line with law and guidance

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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated a basic understanding of MCA and DoLS and how this impacted on people using the service was variable.
- People's capacity to make decisions had been assessed and these were individual to the person. However, best interest decisions were not recorded where people had bedrails in place or a sensor alarm fitted to alert staff if they got out of bed and mobilised within their room.
- Staff asked for people's consent before providing care and support.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People's comments about the quality of care and support they received was positive. Comments included, "I like it here" and "The staff are very nice". However, our findings as detailed within this report did not support a caring service.
 - There was a lack of understanding of the risks and issues and the potential impact this had on people using the service. This referred specifically to staffing levels at the service did not ensure people received good person-centred care. Risks for people were not identified and recorded, and medication practices required improvement. Staff had not received mandatory training.
 - People's care plans did not contain relevant information about specific health conditions, such as Parkinson's or Diabetes and therefore staff could not be assured they were providing care and support in line with current guidance, and best practice. For example, no information was available depicting how one person's Parkinson's disease impacted and affected their activities of daily living. This was despite a review having taken place by the Local Authority in October 2019, with recommendations made as some care staff were cited as not understanding the person's limitations of their medical condition.
- Care provided for people by staff was generally positive. Some staff interventions were very good, and we observed many examples whereby people were treated with care and kindness; and had a good rapport with the people they supported.

Supporting people to express their views and be involved in making decisions about their care

- Staff did not always support people properly to have choice or give information in a way they understood such as visual prompts to actively involve people to make choices. This referred specifically to enable people to participate in social activities and at mealtimes.
- People and those acting on their behalf had been given the opportunity to provide feedback about the service through the completion of satisfaction questionnaires.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing was coordinated, and people were supported to wear items of jewellery.
- People were supported to maintain and develop relationships with those close to them. Records showed

people received visits from family members and friends.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

At our last inspection to the service in October 2018, people's care plans did not accurately reflect their care and support needs and how these were to be delivered by staff. This was a breach of Regulation 9 [Person-centred care] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found not enough improvement had been made and they were still in breach of this regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not up-to-date or reflective of people's current care needs. The lack of up-to-date and accurate information placed people at potential risk of receiving inappropriate care.
- There was no care plan for one person admitted to the service in December 2019. People's care plans were not compiled and completed at the earliest opportunity. For example, the care plan for one person showed they were admitted at the beginning of September 2019, but their care plan was not written until 22 days after their admission. The current manager was unaware as to the rationale for this as they were not managing Kimberley Grace Care Home at the time.
- The care file for one person recorded them as having lost over 13 kilograms in weight between June 2019 and November 2019. The person's care plan was not updated to reflect this, no risk assessment was completed detailing the steps to be taken to mitigate the risk and there was no evidence to demonstrate staff had contacted a healthcare professional for advice and intervention. This was not an isolated case.
- Where people could be anxious and distressed and exhibit inappropriate behaviours towards others, information relating to known triggers and specific guidance for staff on how best to support individuals was not recorded. Where information was recorded relating to specific incidents, evidence of staff interventions to demonstrate the support provided and outcomes was not always recorded or appropriate.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The activity programme was provided in an easy read and large print format. However, this was displayed on a large board within the dining room and referred to lots of information, which some people may find difficult to decipher and understand.
- The menu was handwritten on a whiteboard outside the entrance to the main kitchen. This was not in an

easy read or large print format and pictorial communication cards were not used by staff to enable people to make an informed meal choice.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care and support plans did not show how the service responded to their differing needs in terms of interests, social activity and stimulation. People's personal history was sparse and therefore staff were not provided with a good understanding of the person's past life to help understand them and initiate conversation.
- Observations showed limited meaningful day-to-day opportunities were provided to people using the service to participate in social activities at the time of our inspection.
- Three out of five people were either asleep or had their eyes shut whilst a member of staff attempted to get people to sing Christmas carols after breakfast. This activity was not successful and lasted no more than ten minutes. This was immediately followed by a quiz which lasted six minutes. The member of staff left the communal lounge and another member of staff engaged five people to play an alphabet game. People had to roll the dice on to a large sheet which had letters of the alphabet recorded. This proved more successful but was stopped 10 minutes later as the first member of staff returned and again attempted to get people interested in singing Christmas carols and other old-time songs. Again, after 10 minutes this was abandoned, and the alphabet game recommenced for four minutes until the chef asked the member of staff to collate people's lunchtime meal choices. No further activities took place and the television was put on.
- Evidence of social activities for individual people was variable across the service. For example, no social activities care plan was completed for one person. At the time of inspection, the person had been living at Kimberley Grace Care Home for 15 days but had only had the opportunity to participate in two activities. The activity records for another person who received 10 days respite care, showed four occasions where either their next of kin visited or they received a telephone call. Their social care needs were not assessed and there was no evidence to suggest they had been given the opportunity to participate in meaningful activities.
- Information available showed people received limited opportunities to experience activities within the local community. This was despite the location of the service being close to shops and cafes in Westcliff on Sea and the seafront. Following the inspection the provider wrote to us and confirmed during the Summer months, people were given the opportunity to access the local community.

Improving care quality in response to complaints or concerns

- People and their relatives felt able and confident to raise a complaint or concern with the service.
- A record was maintained relating to each complaint or concern. Improvements were required to ensure all elements of a complaint were robustly investigated to show how conclusions were reached and outcomes. For example, supporting evidence relating to complex complaints raised were not available.

End of life care and support

- The registered manager confirmed no one was currently requiring end of life or palliative care. However, they were aware how to access local palliative care support and healthcare services if needed.
- The staff training plan showed staff had not received end of life care training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection to the service in October 2018, suitable arrangements were not in place to assess and monitor the quality of the service provided. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. We found not enough improvement had been made and they were still in breach of this regulation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The leadership and overall management of the service did not ensure it was consistently well-managed and led at both service and provider level. The providers action plan which was submitted to the Care Quality Commission on 11 January 2019, stated audits relating to people's care plans and risk assessments would be completed by 28 February 2019. The action plan also stated issues highlighted within the service's quality assurance arrangements would be actioned and followed-up. The date for compliance was 28 February 2019. This did not concur with our findings at this inspection. The service was managed by a previous manager who left the organisation on 31 October 2019.
- Quality assurance and governance arrangements at the service were not reliable or effective in identifying shortfalls in the service. Specific information relating to this is cited within this report and demonstrated the provider's arrangements for identifying and managing shortfalls and areas for development were not robust and continued to require improvement. There was a lack of understanding of the risks and issues and the potential impact this had on people using the service.
- The provider did not have sufficient oversight of the service and little improvement had been made since our previous inspection to the service in October 2018. This has resulted in three out of four repeat regulatory requirements.
- Two care plan audits were completed on 30 September 2019 and 1 October 2019 respectively. Although corrective actions were recorded with a specific timeframe, nothing was recorded to demonstrate if these were completed. The manager told us no other care plan audits were available but a new one was to be introduced following advice provided by the Local Authority in November 2019 following their PAMMS visit.
- The manager confirmed health and safety audits should be undertaken at six monthly intervals. No audit was completed between our last inspection in October 2018 and 11 November 2019. The latter was

completed by the new manager and included an action plan.

- The service's infection control audit was completed in October 2019. Although areas for improvement were identified, an action plan was not completed to identify who was responsible for making the required improvements, the date for completion and evidence of actions completed. The new manager was unaware if these areas had been actioned by the previous manager.
- People's weight had only been monitored and recorded for December 2019. This information did not link to people's individual Malnutrition Universal Screening Tool [MUST] scores, which identified people at risk of malnutrition. Falls monitoring had been completed since August 2019 to October 2019, but only referred to people's room number. There was no analysis of the above information to monitor potential trends and patterns. The incidence of pressure ulcers and infections, for example, chest infections and Urinary Tract Infections [UTI's] was not undertaken. This was confirmed by the manager as accurate.
- The manager and business manager confirmed a weekly report was submitted to the provider. We asked to see any reports, either completed by the provider or the quality assurance manager to evidence their oversight of the service. The manager and business manager were unable to demonstrate this and show how the provider ensures actions are taken and improvements made where shortfalls are identified.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection in October 2018, a new manager was appointed but left the service's employment on 31 October 2019. The provider made a decision for the manager from one of its existing 'sister' services to relocate to Kimberley Grace Care Home. The new manager commenced in post on 4 November 2019. The manager has applied to the Care Quality Commission to be registered at Kimberley Grace Care Home.
- The manager was receptive to our findings and suggestions and demonstrated a commitment to improving the service to enable greater oversight and governance of the service, making sure people received safe care and treatment. The manager had commenced a review of existing paperwork and templates to ensure these were effective for the future. This had transpired following the Local Authority's PAMMS visit to the service on 8 November 2019. The PAMMS report recorded an overall rating of requires improvement and has provided a subsequent action plan to the manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place for gathering people's, relatives and staffs views about the quality of service provided or what it was like to work at Kimberley Grace Care Home.
- The manager told us surveys were only sent out in November 2019. Though some responses had been received, further time was still required to enable people the opportunity to respond. The manager confirmed once received the responses would be collated and a report compiled. Where responses were received, these were positive. One relative wrote, "I have noticed a big difference in décor over the last couple of months – well done." The manager confirmed this was the only questionnaire sent out since our last inspection in October 2018.
- Meetings were held for people using the service and for those acting on their behalf, to enable them to have a 'voice'. Since October 2018, four meetings had taken place.
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Since October 2018, two staff meetings had taken place.

Working in partnership with others

- Information available showed the service worked in partnership with key organisations, such as, GP surgeries, Dementia Intensive Support Team and District Nurse services.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care All people using the service must have a care plan. The care plan should include all of a person's care and support needs, including the delivery of care and support to be provided by staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks for people must be assessed, recorded and mitigated to ensure their safety and wellbeing. Effective arrangements must be in place for the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Improvements must be made to the service's governance arrangements to assess and monitor the quality of the service provided and to enable them to identify and assess risks to people's health and safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider must ensure staff employed at the service receive appropriate training, induction, supervision and an appraisal of their overall

performance.