

Anchor Trust

Kimberley Court

Inspection report

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Date of inspection visit:
02 January 2018

Date of publication:
29 January 2018

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 2 January 2018. The last inspection took place on 31 December 2015 when the service was meeting the legal requirements. The service was rated as Good that time. The service continues to be rated as Good.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Kimberley Court is a care home which offers care and support for up to 36 predominantly older people. At the time of the inspection there were 36 people living at the service. Some of these people were living with dementia. The service uses a detached building over three floors with a passenger lift for people to access all levels.

The current registered manager had been in post since April 2017 and had made many changes to the service provided. Staff were positive about the support they received from the registered manager. Healthcare professionals were positive about the service provided by Kimberley Court.

There were systems in place for the management and administration of medicines. People received their medicines as prescribed. The service had reported five medicine errors to CQC since January 2017. There were some gaps in the medicine administration records (MAR) where staff had not signed to show they had given a medicine. Regular medicine audits were being carried out but were not always identifying when staff had not signed MAR sheets. We were assured this would be addressed immediately.

The service held personal money for some people. This was easily accessed by people when they needed to purchase things such as hairdressing, newspapers or toiletries. Accounts were kept for each person. We checked the money held in cash which did not tally with the records, there was excess cash held. It was identified that money paid by staff and visitors for meals over the Christmas period had been added, in error, to the cash box and not recorded. This was resolved during the inspection.

Staff recorded some people's food and fluids to ensure they had sufficient intake. However, some of these records were not clearly and consistently documented. Information in some people's care plans was not clearly directing staff when and what to record. Action was taken by the registered manager immediately following this inspection to review, assess and stop the recording of two people's intake as it was no longer required.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly. People had their capacity assessed and best interest meetings were held and documented as required. People were asked, where possible, to sign their own consent forms. However, the service did not have an accurate record of all appointed attorneys and what powers those people held to make decisions on behalf of people living at the service. An accurate record was compiled by the registered manager the day after the inspection visit.

Equipment and services used at Kimberley Court were regularly checked by competent people to ensure they were safe to use. The premises were regularly checked and maintained by the maintenance person. There had been problems with the heating system leading to the system having extensive work carried out before Christmas. However, two people's bedrooms were found to be cold with radiators that did not work and one which was leaking. The registered manager took immediate action to address this concern with portable heaters provided and an urgent request to the heating engineers to return to the service to address the issue.

We walked around the service which was comfortable and appeared clean with no odours. People's self-contained flats were personalised to reflect their individual tastes. Each flat door had identifying pictures and designs to help support people who needed additional orientation to their immediate surroundings. Each lockable door had a letterbox and doorbell. People were able to have keys to their own rooms if wished. People were treated with kindness, compassion and respect.

Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

Staff were supported by a system of induction training, supervision and appraisals. Staff meetings took place to support each team of staff as well as whole service staff meetings.

Risks in relation to people's daily life were assessed and planned for to minimise the risk of harm. People were supported by staff who knew how to recognise abuse and how to respond to concerns.

The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular updates provided. The registered manager had a record which provided them with an overview of staff training needs.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had no staff vacancies at the time of this inspection. However, we identified that some people waited a while before staff responded to their call bells. Staff who were present in the lounge were not able to hear call bells which rang in the corridor outside. The registered manager addressed this immediately and sent us evidence of a call bell point having been ordered for installation and pagers provided to staff.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Staff were available to support people with their meals. Staff sat with people and ate together to help make the meal a sociable occasion.

Care plans were well organised and contained clear information. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff.

The environment had been enhanced with a dementia friendly 'street' and interactive retro train carriage, taking people on a journey on the Bluebell line complete with station stops. This had been set up in the lower floor of the service accessible to people via the lift. Reminiscence activities were supported with an old style kitchen, sweet shop, games room, photographs of film stars, old newspapers and leaflets, baby dolls and prams and a number of activities and chats supported by the staff. An activity co-ordinator was not in post but specific care staff had been provided with support to provide a range of activities on a planned basis. During the inspection people were enjoying and paying attention to a range of entertainment that took place in the lounge.

People were supported to go out supported by staff for walks or to visit local attractions. People who enjoyed gardening had been supported to grow food which had been used to compliment the menu options available at the service.

The manager was supported by a deputy manager, team leaders and a team of motivated care staff. The district manager and dementia support advisor, who also attended this inspection, supported the registered manager. There were regular audits of many aspects of the service delivery in place and the provider monitored the progress of the service against desired objectives.

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 remained Good.

Is the service effective?

Requires Improvement ●

The service was not entirely effective. The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. However, the records regarding who could consent on behalf of others were not completely accurate. We have issued a recommendation in this section of the report.

Records relating to the monitoring of people's food and drink intake were not always clear.

Two flats did not have effective heating working. This had not been identified and reported prior to this inspection.

Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

the service remained Good.

Kimberley Court

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.

The inspection took place on 2 January 2018. The inspection was carried out by one adult social care inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has knowledge of having used, or supported a person who used, this type of service.

Before the inspection we reviewed the information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with six people living at the service. Not everyone we met who was living at Kimberley Court was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with seven staff, the registered manager, the district manager and the dementia support advisor. We spoke with three visitors and three visiting external healthcare professionals.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for four people living at Kimberley Court, medicines records for 36 people, three staff files, training records and other records relating to the management of the service.

Following the inspection we spoke with one relative and one healthcare professional to gain their views.

Is the service safe?

Our findings

The service held an appropriate medicines management policy. There were medicine administration records (MAR) for each person. MARs are legally required to be recorded at each medicine administration to ensure accurate records are kept for medicines given. There were some occasions when staff had not signed the MAR when they had given medicines. The policy stated that when a MAR entry had not been signed by staff, when a prescribed dose was given, this should be treated as a medicine error. At the time of this inspection such events were not being treated as medicine errors. Regular medicine audits were taking place. However, these audits were not covering all aspects of medicine administration and storage. The registered manager assured us that the audits would be expanded to record such events. This meant any pattern of omissions by staff would be identified, addressed and the risk of potential re-occurrence should be reduced.

The service had reported three medicine errors to CQC since October 2017. Where a staff member was involved with a medication error the staff member was taken off medication administration to follow a retraining schedule. Staff competencies were checked and signed off before they returned to carry out medicine rounds.

Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of when the cream would no longer be effective to use. The service was holding medicines that required stricter controls. The records held tallied with the stock held at the service. Records of people's medicines traveled with them when they went to hospital. Where people were required to have their medicines given covertly (in food or drink) this had been agreed and reviewed regularly by the GP.

Kimberley Court were storing medicines that required cold storage, there was a medicine refrigerator at the service. There were records that showed medicine refrigerator temperatures were monitored regularly to ensure the safe storage of these medicines could be assured. Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine might be indicated and if it had been effective.

Staff training records showed all staff who supported people with medicines had received appropriate training. The deputy manager had monthly meetings with the pharmacy, district nurses and the practice nurse to improve medication management. This was described as effective and helpful.

The service held personal money for some people. This was easily accessed by people when they needed to purchase things such as hairdressing, newspapers or toiletries. Accounts were kept for each person. We checked the money held in the locked cash boxes which did not tally with the records, there was excess cash held. It was identified that money paid by staff and visitors for meals over the Christmas period had been added, in error, to the cash box and not recorded. This was resolved during the inspection.

Equipment used in the service such as moving and handling aids, wheelchairs, passenger lifts etc., were regularly checked and serviced by external contractors to ensure they were always safe to use. All the

necessary safety checks and tests had been completed by appropriately skilled contractors.

People told us they felt it was safe at Kimberley Court. Comments included, "I feel safe because everybody is so friendly," "There's always someone popping in to make sure everything is going fine" and "I've always got somebody to help me." Relatives were confident that their relatives were safe saying, "I can tell how content my wife is, I know she feels safe" and "My husband loves it here because they do everything for him."

The service held an appropriate safeguarding adults policy which staff were aware of. Safeguarding was regularly discussed at staff meetings and staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. There were posters displayed in the service containing the phone numbers for the safeguarding unit at Cornwall Council. This provided information to people, their visitors and staff on how to report any concerns they may have.

People were asked for their views about if they felt safe at the service at residents meetings. If people were involved in safeguarding enquiries or investigations they were offered an advocate if appropriate or required. The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary. Staff told us if they had concerns management would listen and take suitable action. The registered manager liaised with external professionals as necessary where they felt people were at risk, and had submitted safeguarding referrals when it was felt to be appropriate. Staff were clear about people's rights and ensured any necessary restrictions were the least restrictive.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the registered manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence reduced. Records showed actions which had been taken to help reduce risk in the future. For example, referring people to healthcare professionals or treating people for the infection which had led to them falling more frequently.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care records contained information for staff on how to

avoid this occurring and what to do when incidents occurred. For example, one care plan gave clear guidance for staff about why one person was more likely to become challenging and how to distract them effectively.

Care records were stored securely but accessible to staff and visiting professionals when required. They were accurate, complete, legible and contained details of people's current needs and wishes.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and lead staff who monitored infection control audits. The manager understood who they should contact if they needed advice or assistance with infection control issues. Staff received suitable training about infection control. Staff understood the need to wear protective clothing (PPE) such as aprons and gloves, where this was necessary. Staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency had awarded the service a five star rating.

Each person had information held at the service which identified the action to be taken for each person in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of two references. Long standing staff signed disclosures regularly to state they did not have any changes to their DBS status and remained suitable to work with vulnerable people.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were usually met quickly. However, bells ringing during the inspection sometimes took a while to be responded to. We identified that when staff were present in the main lounge, they were unable to hear call bells ringing in the corridor outside. The registered manager addressed this immediately by ordering a call bell point for the lounge and provided staff with pagers in the interim.

The staff rota showed there were five care staff in the morning and four in the afternoon supported by two team leaders on each shift. There were three carers and one team leader who worked at night. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the registered manager was very supportive.

The manager was open and transparent and always available for staff, people, relatives, staff and healthcare professionals to approach them at any time. Staff told us if they had concerns the management team would listen and take appropriate action.

Is the service effective?

Our findings

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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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 service had applied for some people to have authorised restricted care plans. Two authorisations were in place at the time of this inspection and there were no conditions attached to these. The service had an effective system for monitoring any applications and authorisations to ensure they were reviewed appropriately.

Capacity assessments were held on people's care files to demonstrate that a formal capacity assessment had been carried out before the DoLS application was made. Best interest meetings had been held to support the decision making process for people who could not make decisions for themselves. For example, when deciding on if the person should have medicines given covertly (hidden in food and drink).

People were asked to consent, where they were able, to their care and to have photographs of them displayed. Where people were unable to consent themselves due to their healthcare needs, appropriate people with legal powers should be asked to sign on their behalf. However, the service did not have an accurate record of any powers of attorney appointed by people living at Kimberley Court. This meant that some consents may have been signed by people who did not have the legal power to do this. The registered manager had written to all families to ask for this information prior to this inspection but had not received all of the necessary documents. It was agreed that the service would again approach families to try to obtain this important information. Following the inspection the registered manager sent us an up to date list of all the attorneys in place for people at the service and which legal powers they held.

We recommend that the service take advice and guidance from the Code of Practice for the Mental Capacity Act 2005.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People chose when they got up and went to bed, what and then they ate and how they spent their time. People were able to move around and use the lift to access the different floors of the service as they chose. Some people required support to do this and this was provided by staff. There was also secure outside space that people

could enjoy.

In care files we saw there was specific guidance provided for staff. For example, when people were to have their food and drinks monitored to ensure they had sufficient intake. However, it was not clear why some people were being monitored and for how long. Some records completed by staff were unclear and had not been effectively monitored. We judged this had not had any impact on people's well being. The registered manager reviewed this issue immediately, assessing and reviewing the need to continue with such recording. The recording of two people's food and drink intake was stopped as no longer required.

Pressure relieving mattresses were provided to people who had been assessed as being at risk of pressure damage to their skin. The district nurses provided and set up this equipment upon its installation. District nurses checked these mattresses on a monthly basis or as time allowed. Daily checks of these mattresses were taking place but these checks were not ensuring each mattress was correctly set for the person using it. We judged this had not had any impact on people's well-being. Daily mattress checks were set up immediately and the registered manager assured us they would monitor these checks. Some people required regular re-positioning. There were gaps in these records where staff had not always completed records according to the guidance in the person's care plan. For example, when the person was up in a chair and not in bed they did not require re-positioning. We judged this did not have an impact on people's well-being.

The service was well maintained, with a good standard of décor and floor covering. Some people living at Kimberley Court were living with dementia and were independently mobile around the building. They required additional support to recognise their surroundings. There was a great deal of pictorial signage which clearly identified specific rooms such as toilets and shower rooms as well as people's flats. One bathroom had a darker coloured toilet seat to help define it against an all white suite and décor. Each corridor displayed pictures of different film stars, entertainers and historical newspapers and leaflets to help distinguish each corridor clearly for people. Such support helped people to be as independent as possible around the building.

Equipment and services used at Kimberley Court were regularly checked by competent people to ensure they were safe to use. The premises were regularly checked and maintained by the maintenance person. There had been problems with the heating system before Christmas leading to the system having extensive work carried out. During this inspection the service was warm and comfortable in all the communal areas and in most flats. However, during this inspection two people's bedrooms at the ends of two corridors, were found to be cold with radiators that did not work and one which was leaking. The registered manager took immediate action to address this concern, with portable heaters provided and an urgent request to the heating engineers to return again to the service to address the issue.

People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

The use of technology to support the effective delivery of care and support and promote independence, was limited. However, the service provided pendant call bells for people who moved around, to ensure they could call for assistance at any time. A call bell system was in place to enable people to call for assistance as needed. The staff carried pagers to assist with effective communication.

Training records showed staff were provided with mandatory training and updates as necessary. The

registered manager held a record which showed when staff required updates of specific training. The provider monitored the service's progress in percentages towards set objectives.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such times as the worker felt confident to work alone. Staff told us they had completed or were working towards completing the care certificate and had shadowed other workers before they started to work on their own.

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported by the registered manager and were able to ask for additional support if they needed it. Staff meetings were held for all staff groups to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. All staff received training in relation to the Equality Act.

We observed the lunch meal being served. 13 people chose to eat their meal in the dining room with four staff were available to support people as needed. A staff member bought the two choices of lunch to the table to show a person, who was unsure of the choice. They were then able to choose by sight. Staff sat and ate with people to help ensure it was a sociable occasion. One person enjoyed a glass of sherry with their meal. Staff regularly consulted with residents on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. The minutes of a residents meeting showed people had been asked for their views of a menu review. New foods were suggested and tasted.

People told us, "We have very good meals," "The food is fantastic," "The meals are excellent" and "We have a lovely choice of meals, but if there is something I don't want they will rustle me up something else." Relatives told us, "My wife is eating food now she wouldn't eat before," "Mum enjoys the food, and they are accommodating with other meals" and "They cooked an excellent Cheese on toast for my relative the other day."

We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. They made a point of meeting residents in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as separate foods and colours on the plate in moulds to help the meal look appealing and people were able to see what they were eating. Care staff had 24 hour access to the kitchen so people were able to have snacks at any time of the day even if the kitchen was not staffed.

The service had a good working relationship with the local GP practices and district nursing teams. District nurses were visiting the service daily to see several people with nursing needs. Other healthcare professionals visited to see people living at Kimberley Court when required. People had seen their optician, dentist and podiatrist as necessary.

Is the service caring?

Our findings

People, their relatives and visiting healthcare professionals were all very positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. People's comments included, "I can get up and go to bed whenever I want. I always have a lie in till lunch most mornings," "I always have a wash down, I don't like having a bath or a shower," "I get on well with all the staff, they are very caring," "The staff call into my room and have a chat " and "The caring is the best thing about this home." Relatives told us, "The quality of the service and kindness is excellent, " and "I visit twice a day, once after lunch, and in the evening before my wife goes to bed."

Staff were heard talking to people offering, "Is there anything else I can do for you" and "Are you sure there is nothing I can get for you."

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at Kimberley Court. Relatives and healthcare professionals told us staff and management were kind and caring. Staff were heard discussing with people when to take down the Christmas decorations. One person became anxious, in the lounge, and asked staff to help them. This was done quickly with no fuss and lots of patience.

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. One person liked to drink whisky another person enjoyed a cigarette and staff supported them to do this.

Where possible staff involved people in their own care plans and reviews. However, due to people's capacity involvement this was often limited, and consultation could only occur with people's representatives such as their relatives. People and their relatives were provided with information about advocacy services if required.

People's dignity and privacy was respected. For example, staff always knocked and waited for a response before entering people's flats. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. If people required the use of moving and handling slings these were provided, named solely for their use and not shared. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout. However, one communal bathroom door and one communal toilet door did not lock, therefore not ensuring privacy to the person using it.

A married couple lived at Kimberley Court. They lived in a shared environment so that they could spend their time together and keep each other company.

During the day of the inspection we spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service.

When people came to live at the service, staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was present. Staff helped to complete this information with people if they were able to participate in this exercise. Staff were able to tell us about people's backgrounds and past lives. They spoke about people respectfully and fondly. There were lots of hugs and kisses given to people who sought this attention and who responded well to it.

Care files and information related to people who used the service was stored securely and accessible by staff when needed. This meant people's confidential information was protected appropriately in accordance with data protection guidelines.

People's flats were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their flats. People were provided with keys to their flats which they could lock if they wished.

Visitors told us they visited regularly at different times and were always greeted by staff who were able to speak with them about their family member knowledgeable. People were well cared for. Some women wore jewellery and make up and had their nails painted.

People and their families were involved in decisions about the running of the service as well as their care. The development of the dementia friendly 'street' in the lower floor of the service had been discussed with people, their families and staff. Dementia Care Mapping (DCM) had been carried out throughout the service to inform the development of changes to enhance the service provided to people living with dementia.

Families told us they knew about their care plans and the manager would invite them to attend any care plan review meeting if they wished. The service had held residents meetings which provided people and their families with an opportunity to raise any ideas or concerns they may have. We saw the minutes of these meetings which covered meal choices, activities and future plans for the service.

Is the service responsive?

Our findings

People told us they felt involved in their own care and the running of the service. Some people recalled being involved in residents meetings. People, and their relatives, were very positive about living at Kimberley Court and the staff and management.

Healthcare professionals told us, "They (management and staff) support the relatives of people really well here, I would be happy for my Mum to be here," "There is always something going on here when I visit, people aren't just asleep all the time," "People flourish here" and "One person likes a specific tea, so they go to the train carriage downstairs to have it while enjoying the journey, another person likes to play pool down there."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager and care staff were knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. Staff had recently been provided with blood pressure monitoring equipment, thermometers and the necessary equipment to test for urine infections. This was to help inform staff of people's changing health needs and provide useful information for the GP and district nurses.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Kimberley Court accessed support and guidance from an external healthcare team to assist them with the care and treatment of people required nursing care. There was guidance in the care plans providing specific guidance to staff on when to report concerns and how to monitor people.

Staff were able to tell us detailed information about people's current needs as well as their backgrounds and life history from information gathered from people, families and friends.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. At each handover the staff discussed each person, their current needs and any outstanding actions that needed completion on the next shift. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

The environment had been enhanced with a dementia friendly 'street' and interactive retro train carriage, taking people on a journey on the Bluebell line complete with station stops. This was situated on the lower

floor of the service and was accessed by the lift. Most people required staff support to access this area. Reminiscence activities were supported with an old style kitchen, sweet shop, games room, photographs of film stars, old newspapers and leaflets, baby dolls and prams and a number of activities and chats supported by the staff. An activity co-ordinator was not in post but specific care staff had been provided with support to provide a range of activities on a planned basis. On the morning of the visit people were seen enjoying singing in the lounge area with two staff members. Throughout the inspection people were enjoying and paying attention to a range of entertainment that took place in the lounge. Daily newspapers of their choice were some people. A hairdressing and beauty salon was provided with the hairdresser visiting once a week. During this inspection it was one person's birthday, a cake and candles were shared at lunch time in the lounge. When their family arrived to celebrate with the person they were offered a quiet lounge to spend time together in a more private setting.

One person was enjoying looking at an old war ration book. This person then went on to tell us all the things they remembered that were rationed when they were teenager in the war. Another person, who used to play the guitar, was provided with an opportunity to play with a visiting musician. This person had musical notes on their flat door. The musician commented, "I was able to spend some time with an old musical legend and his wife while they told me stories of their past. I was lucky enough to share a few hours playing our guitars and jamming away... a real honour and a lovely gesture from the staff."

Some people enjoyed gardening and they were supported to grow foods which would be used to compliment meals produced at the service. Another person enjoyed painting and proudly displayed their artwork around the service. This person was supported to attend art classes outside the service.

People told us, "We could do with a few more activities," "I recently enjoyed a trip out to the Donkey Sanctuary, " "I'm quite happy with my own company, I don't really like to join in the activities," "I often go for a walk to the local supermarket to buy some personal things" and "I go out for lunch every Friday with a friend to a local club."

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their flats or were confined to bed because of their health needs. We saw staff checked on people regularly. Some people enjoyed one to one activities provided by staff in their flats. The registered manager kept records of all the activities provided and who took part. This enabled them to identify any people who may have chosen not to take part in activities and offer something for them specifically to enjoy on a one to one basis. Electronic tablets enabled people to have activities of their choice provided for them wherever they were.

Relatives told us, "My relative enjoys the Musical Days and the singers that visit" and "They (staff) have helped mum come out of her room and sit in the lounge with other people which she really enjoys now."

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were discussed each day and pictures supported people to make their choices. Staff were seen sitting with people talking about meals to help people to make a choice.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were displayed in the main entrance. People told us they had not had any reason to complain. We saw concerns that had been raised to the manager had been investigated fully and responded to in an appropriate time frame. All were resolved at the time of this inspection.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan, which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan. The manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives.

Is the service well-led?

Our findings

Relatives and staff told us the manager was approachable and friendly. Comments included, "I only came in for a fortnight, and decided to stay," "The manager has made it more homely," "I love everything about this home," "Everywhere is spotlessly clean" and "It's absolutely brilliant here." A relative told us, "Since the manager (registered manager's name) has been here the place has been transformed." Other comments about the service included, "(Persons name) is so happy and said she would be in tears if she had to leave. The manager has worked really hard for this to happen for my mum as social services were looking to move her elsewhere. I cannot thank her enough" and "All of the staff are excellent and really do care. It's not just a job so what more could you ask for. It will eventually give me my life back as well, although I really do miss her, to see her so happy and content is like winning the lottery." Relatives felt able to visit at any time and were very happy with the service provided at Kimberley Court. Staff felt valued and enjoyed their work, they responded by saying they were happy and supported.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current registered manager had been in post since April 2017.

The registered manager spent time within the service so was aware of day to day issues. They felt it was important to make themselves available so staff could talk with them, and to be accessible to them. The staff had presented the registered manager a very appreciative card thanking her for all her support and guidance.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed. Staff had a clear understanding of their roles and responsibilities.

There was a clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The manager was supported by a deputy manager, team leaders and a team of motivated staff.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "I am happy here, I have been here a while and feel the registered manager is making positive changes and is very supportive" and "I love it here, I feel we do a good job. I would not be here otherwise."

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. Heads of each team also had regular team meetings. These were an opportunity to meet up, share ideas and keep up to date with any developments in working practices.

The registered manager was beginning to develop staff champion roles in a number of areas to support the constant improvement of the service. Lead staff were to be given the responsibility of specific areas such as infection control, continence, tissue viability and activities.

The provider had a quality assurance policy. People, their relatives and staff had recently been given a survey to ask for their views on the service provided at Kimberley Court. Responses were positive. People were provided with an opportunity to feedback via a website on their views and experiences of the service at Kimberley Court. The service scored 9.8 out of a possible 10. Comments included, "Kimberley Court is an amazing home, with lovely staff, I honestly can't speak highly enough of the amazing work the staff do" and "Food and the room are lovely and very clean. Mum gets lots of attention which has helped her settle." Most people stated they were extremely likely to recommend Kimberley Court to another person.

There was a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included, infection control, care plans, medicine records, accidents and incidents and health and safety.

The provider visited the service regularly. The registered manager was supported by the district manager and the dementia support advisor. Regular audits were carried out by the provider to monitor the progress of the service against agreed objectives.

The service had an open and transparent culture. Some issues identified at this inspection had been addressed by the end of the visit, others addressed the next day.

Lessons were learned by events. Where the service had reported medicine errors action had been taken to address the issue. For example, when a small amount of medicines went 'missing', it was decided to change the security on the medicine room from a key pad to keys which were only held by specific senior staff. Tabards stating "Do not disturb, medication round" were now worn by staff in the process of carrying out medicine rounds to avoid being disturbed and distracted. This had been identified as an issue in some past errors. Any comments received both positive and negative we seen as an opportunity to constantly improve the service provided. The registered manager accepted that the concerns found at this inspection were a fair judgement of the service at this time. They assured us that all aspects of the feedback would be addressed immediately and monitored to ensure consistency and sustainability.

Equipment such as moving and handling aids and lifts were regularly serviced to ensure they were safe to use. The environment was clean and well maintained. People's flats and bathrooms were kept clean. The provider ensured they carried out regular repairs and maintenance work to the premises. The boiler, electrics, gas appliances and water supply had been tested to ensure they were safe to use.