

Anchor Trust

Kimberley Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 31 December 2015. The last inspection took place on 5 June 2014. The service was meeting the legal requirements at that time.

The service is a care home which offers care and support for up to 36 predominantly older people. At the time of the inspection there were 32 people living at the service. Some of these people were living with dementia. The service comprises of a detached building with three floors. People live in self contained 'flats' with lockable front doors.

The service had a registered manager in post. 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.

We walked around the service which was comfortable and clean with no odours. Individual accommodation was personalised to help provide people with surroundings which had a familiar feel. People were treated with kindness, compassion and respect.

We looked at how medicines were managed and administered. We found it was always possible to establish if people had received their medicine as prescribed. Regular medicines audits were consistently identified if errors occurred. However, not all creams and liquids had been dated upon opening. This meant staff would not be aware when the item had expired and would not longer be safe to use. The registered manager assured us this would be addressed immediately.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The staff group told us they had recently experienced greatly improved morale and they told us they felt they had a greater capacity to meet people's needs. This was due to a recent decrease in the dependency of some people living at the service.

Staff were supported by a system of induction training. However, supervision and appraisals were not consistently provided to all staff in line with the service policy. More specialised training specific to the needs of people using the service was being provided. The training needs of the staff were being monitored and regular updates were provided. Staff meetings were held regularly. These allowed staff to air any concerns or suggestions they had regarding the running of the service.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

Care plans were well organised and contained accurate and up to date information. Care planning was

reviewed regularly and people's changing needs recorded. Where appropriate, relatives were included in the reviews.

A programme of relevant activities were provided by the activity coordinator. These were mostly provided on a small group or one to one basis in order to meet people's needs.

The registered manager was supported by a deputy manager, administrative assistant, senior care staff and a team of motivated staff. The management team at the service had good support from the provider organisation. The service was well maintained and had robust systems and processes in place to help ensure it was aware of any defects at all times. Kimberley Court was regularly quality assuring the service it provided and was constantly striving to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People and their families told us they felt the service was safe.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Is the service effective?

Good ●

The service was effective. People received care from staff who knew people well, and had the knowledge and skills to meet their needs.

Staff felt they could access support from management when necessary. However, staff were not always provided with regular supervision and appraisals.

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.

Is the service caring?

Good ●

The service was caring. People who used the service, relatives and healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect. Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive. People received personalised care and support which was responsive to their changing needs.

The service provided timely appropriate care which enabled

responsive action to be taken if needed.

People and their families were provided with information on how to raise any concerns they may have. Relatives were confident if they raised any concerns these would be listened to. People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good ●

The service was well-led. There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

Where the provider had identified areas that required improvement, actions had been taken to improve the quality of the service provided. The provider supported the management team at the service.

Staff were supported by the good leadership of management team.

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

The inspection took place on 31 December 2015. The inspection was carried out by one inspector.

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.

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 inspected the premises and observed care practices. We spoke with two people who lived at the service, four visitors and twelve staff during the inspection. Following the inspection we spoke with three families of people who lived at the service and a visiting healthcare professional.

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 three people living at Kimberley Court, medicines records for 32 people, three staff files, training records and other records relating to the management of the service.

Is the service safe?

Our findings

People and their families told us they felt it was safe at Kimberley Court. Comments included; "Yes I feel safe here" and "I would not want to be anywhere else." Families confirmed they felt the service was safe. One regular visitor told us; "Perfectly safe here of course."

Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. They were aware of the whistleblowing and safeguarding policies and procedures. Staff had received recent training updates on Safeguarding Adults. However, staff were not all aware that the local authority were the lead organisation for investigating safeguarding concerns in the County. However, there were "Say no to abuse" leaflets displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. Staff were aware how to access the safeguarding policy. This policy was amended by the registered manager during the inspection to ensure it clearly guided staff on how to report any concerns they may have to the local authority.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were regularly audited by the registered manager and the provider. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced.

We checked the medicine administration records (MAR) and it was clear that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant the risk of potential errors was reduced and people always received their medicines safely. Some people had been prescribed creams and liquid medicines and these had not always been dated upon opening. This meant staff were not aware of the expiration of the item when it would no longer be safe to use. The registered manager assured us this would be addressed immediately. Staff recorded when they applied prescribed creams on topical MAR sheets, these were regularly completed. The service was holding medicines that required stricter controls by law. Staff carried out daily checks on these medicines to ensure the balance of stock held tallied with the records. We checked some of these medicines and confirmed the balance held was correct. The service carried out regular medicine audits to help ensure any errors were noticed and addressed.

The service were storing medicines that required cold storage, in a dedicated medicine refrigerator. There were records that showed medicine refrigerator temperatures were monitored daily. An audit trail was kept of medicines received into the home and those returned to the pharmacy.

Care plans contained risk assessments for a range of circumstances including moving and handling, supporting people when they became anxious or distressed and the likelihood of choking. 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 the care plan for one person, who had been assessed as being at risks from choking on food, held guidance and advice for staff on how to minimise this risk.

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 guiding staff to speak slowly and give the person plenty of time to process what had been said to them, helping them to understand what was happening.

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.

During the inspection we saw people's needs were usually met quickly. We heard bells ringing during the inspection and these were responded to effectively. Staff told us there had been an increase in their ability to meet people's needs following the introduction of one additional carer most mornings. An extra shift had been introduced recently. This meant one carer worked from 6 am to 1pm to support the night staff and morning care staff shifts. All staff were supported by a manager on each shift. Staff told us they felt they were a good team and worked well together. Staff said morale had recently improved following a recent decrease in the dependency of some people who lived at the service.

Is the service effective?

Our findings

People living at the service were not always able to communicate their views and experiences to us due to their healthcare needs. So we observed care provision to help us understand the experiences of people who used the service.

Visitors comments included; "When my wife came in here first she would not eat but now she is eating well, that is due to this place" and "The staff are clued up." Following the inspection we spoke with families of people who lived at the service. Comments included; "We find everything pretty good" and "You hear terrible stories about some care homes, but all is good at Kimberley Court."

Staff told us they felt well supported by the registered manager and deputy manager and were able to ask for additional support if they needed it. However, staff did not receive regular supervision and appraisals in accordance with the policy held at the service. This policy stated staff should receive supervision at least every six weeks. Staff comments included; "I have not had supervision for a year," "Can't remember the last time I had supervision" and "I do have supervision but it is not regular, it would be good if it was more regular." We spoke with one staff member who had recently changed roles. The management team told us they had attended a group supervision in November 2015 but were unable to provide us with the records of this. The week after the inspection they sent us the records of the group supervision. The registered manager told us this concern may have arisen due to them being off work for an extended period recently and the deputy manager was carrying out all management duties alone during this time. The management team assured us this would be addressed immediately.

The premises were generally in good order. Bathrooms and toilets were marked with some additional signage to aid some people's need for orientation to their surroundings. We were told the service had recently undergone a detailed review of the environment as part of an assessment of their dementia care provision. Some of the recommendations had been to improve the signage around the service and display it lower so that wheelchair users could see it more easily. These suggestions had been included in the extensive planned renovation work which was due to start the week following this inspection. As part of this work the lounge area was due to be re designed to aid smaller seating areas and a more clearly defined dining area. This would provide an environment more suited to people living with dementia.

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. Staff were positive about the training they received. One commented; "Training support is good." Training records showed staff were offered regular updates when required. Staff had also undertaken a variety of further training related to people's specific care needs such as specialist dementia care.

The service did not have any volunteers working with people at the time of this inspection. However the last volunteer who came to work at the service was now a paid member of the permanent staff as they had enjoyed the work so much.

Newly employed staff were required to complete an induction before starting work. Plans were in place for any new staff to undertake the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector.

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. 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. We found people, and if appropriate their families, were asked for their consent to care being provided. We heard staff ask for people's consent before care tasks were carried out. There was evidence of people having their mental capacity assessed and best interest meetings were recorded when held at the service. The service had applied for one person to have a restrictive care plan authorised in accordance with the legislative requirements. This restriction was regularly reviewed. Staff had received training on the MCA and were aware of how to help ensure people's rights were protected.

We observed the lunch time period in the dining area. The food looked appetising and people were provided with a visual choice of food at the time of the meal to help support their decision making abilities. One person told us they thought the food was lovely and we saw people enjoying second helpings.

We spoke with the chef who was knowledgeable about people's individual needs and likes and dislikes. All food was freshly prepared on the premises. The chef had won the 2015 Christmas Cake competition, held between the group of homes in the area. People who lived at the service had also taken part in this competition and greatly enjoyed making cakes. The chef made a point of meeting new residents in order to identify their dietary requirements and preferences. Where possible they tried to cater for individuals' specific preferences. Staff closely monitored what was eaten and enjoyed to help inform future meal options.

Care plans indicated when people needed additional support maintaining an adequate diet. Food and fluid charts were kept when this had been deemed necessary for people's well-being. The service recorded people's intake for three days if there were concerns. The person was then reviewed together with the GP and other healthcare professionals and advice on future management was sought. No one was having their intake monitored specifically at the time of this inspection.

People had access to healthcare professionals including GP's, opticians and chiropodists. Care records contained records of any multi-disciplinary notes.

Is the service caring?

Our findings

People told us; "I would not want to be anywhere else" and "We are all friends here." Relatives told us; "I am very happy with the care provided, I arrive at odd times of the day and there is always records of regular care and I have seen staff provide great care" and "Care is good here, staff are very kind, I have never seen anything but kindness and patience." A visiting healthcare professional confirmed that staff were kind and they had no concerns about care provided at the service.

We spent time in the communal area of the service during our inspection. 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. The registered manager and staff were mindful of the importance of confidentiality when speaking about people's care and support needs in front of others. People's dignity and privacy was respected. Staff ensured doors and curtains were closed when personal care was being provided. People were able to lock their doors to their own 'flats' and could hold a key if they wished.

People's life histories were documented in some care plans. This is important as it helps care staff gain an understanding of what has made the person who they are today. Staff were able to tell us about people's backgrounds and past lives.

Relatives 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 knowledgeably. People were well cared for all were dressed in clean clothing. Some women wore jewellery and make up and had their nails painted.

During the inspection staff were seen providing care and support in a calm, caring and relaxed manner. Interactions between staff and people at the service were caring with conversations being held in gentle and understanding way. Staff were clear about the backgrounds of the people who lived at the service and knew their individual preferences regarding how they wished their care to be provided. For example, one care plan for a person who was cared for in bed stated; "Make sure the person can see outside." We visited them in their bedroom. The curtains were open and the bed was immediately next to the window. The person could easily see out of the window. The family of this person told us they felt the service provided very good care to their relative who had been confined to bed due to the healthcare needs for many months. They told us; "I have seen lovely kind and caring attention given to (the person) when I have visited."

Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. We saw people moving freely around the home spending time where they chose to. Staff were available to support people to move to different areas of the home as they wished.

Is the service responsive?

Our findings

People told us they were positive about the care provided at Kimberley Court. Relatives told us; "Its all very good" and "We have no complaints at all, (the person) is always well cared for, we are impressed and would not hesitate to recommend it to anyone." A visiting healthcare professional told us they felt the service was responsive. They had worked with the service to provide telehealth equipment together with a series of prompts for staff to follow at each step. This meant immediately necessary assessments could be made by care staff and timely treatment could be commenced if required. For example, assessments which could be completed included urine testing for infections, blood pressure monitoring equipment and weighing equipment to monitor any weight loss. The healthcare professional told us this had meant the service was more responsive to people's needs and could initiate treatment recommendations rather than have to wait for a GP or district nurse to visit.

People who wished to move into the home had their needs assessed to ensure the home was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs at the service and considered their needs against the needs of any new person moving in to Kimberley Court. The service had recently experienced a period of high dependency where the needs of some people had impacted on staff and others living at the service. This period had passed and the staff reported having more time to spend with people at the time of this inspection.

People were supported to maintain relationships with family and friends. 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. Relatives confirmed they were always contacted by the service if any changes took place with their family member.

Care plans were detailed and informative with clear guidance for staff on how to support people well. The files contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The information was well organised and easy for staff to find. The care plans were regularly reviewed and updated to help ensure they were accurate and up to date. Family members were if appropriate, given the opportunity to sign in agreement with the content of care plans. 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. One person required regular re positioning to help ensure they did not develop skin damage due to being confined to bed. The staff had regularly completed records to show they had re positioned the person every three hours. The care plan stated the person should be "moved regularly" and did not specify how often the person should be moved. The registered manager assured us this would be addressed immediately.

Staff attended a shift handover meeting in the middle of the day to help ensure all staff were aware of people's current needs. For example, one person had requested a smaller continence pad and so a referral had been made to the district nurses for a re assessment. Another person needed to have their urine bottle near by them at night to help enable them to use it independently and staff were reminded to place it within their reach. Also the heads of each department, such as catering, domestic and care met each morning at

10am for a discussion to ensure any issues were communicated throughout the service in a timely manner.

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. Staff were able to tell us detailed information about people's backgrounds and life history from information gathered from families and friends. This helped ensure there was a consistent approach between different staff and meant that people's needs were met in an agreed way each time.

People had access to a range of activities both within and outside the service. An activities co-ordinator was not employed and there was an organised programme of events including visits from external entertainers and accompanied walks out in the local area. On the day of the inspection we saw people busy and occupied if they wished. In addition to the organised events we saw people were supported by care staff to engage in activities when staff had the time and opportunity to do so. For example we saw people chatting about their families and friends, reading and showing pictures on the electronic tablet of times gone by to help stimulate meaningful conversation. Memory boxes had been created for some people to prompt activities. People had access to quiet areas and secure outside spaces. There was a shop which provided the opportunity for people to purchase toiletries and sweets.

Some people chose not to take part in organised activities. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells.

The service had held residents meetings but these were not always well attended. People were spoken with on a regular basis by the registered manager and deputy manager to help ensure they were provided with an opportunity to share their views and experiences. People had been given the opportunity to comment on paint colours for the renovation works, and one person had asked for a record player. There had not been a consensus on the paint colour but the record player was in use during the inspection. This meant the service was responding to people's wishes.

The service had undergone an assessment of their care of people with dementia and a detailed report had been presented to them at the end of the review. There were some recommendations to further improve the environment for people and the service had taken action to put these in to place. For example, white toilet seats had been replaced with dark blue to aid recognition for people with poor sight, and larger flush handles had been added to aid peoples independence. Staff had received support and guidance on how to identify people who may be in pain and unable to communicate this due to their healthcare needs. This meant the service was striving to ensure it was constantly improving the responsiveness of the service it provided.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were displayed clearly in the front entrance of the service. People told us they had not had any reason to complain.

Is the service well-led?

Our findings

Relatives, staff and a visiting healthcare professional told us the registered manager was approachable and willing to listen at all times. Staff spoke of an 'open door' policy. Comments included; "They (management) always call us if needed, say if (the person) was unwell" and "The registered manager is very visible and approachable." We saw people who lived at the service regularly entering the management office to speak with managers about their needs. People were responded to quickly and their concerns resolved.

Some staff told us they felt well supported by the management and could always speak with them. One member of staff told us they had left the service to take up another post, but had returned due to the supportive management at Kimberley Court. Staff all told us the management team showed good strong leadership did listen to them when they had raised issues and felt they had responded accordingly. The service had heard the concerns of the staff recently regarding high workloads and had taken action to help reduce the stress being felt by staff. Other staff told us they did not always feel valued by the management. Comments included; "It would be nice if they just said thank you occasionally, we work hard and do extra hours but I do not feel I am valued" and "Sometimes they do not even seem to know we are there."

Staff meetings were held to seek the views of staff and to encourage good communication. There were adverts in the staff room for a 'Listening Event' to be held a few days after this inspection. Staff felt these meetings were useful.

There were clear lines of accountability and responsibility both within the service and at provider level. The provider supported the management team well. The area managers made a point of being present throughout this inspection to support the management team at the service.

The registered manager worked in the service every day providing care and supporting staff this meant they were aware of the culture of the service at all times. The deputy manager was also head of care and responsible to overseeing audit processes carried out for a number of areas such as medicines, care plans and infection control. The service was highlighting areas where action was needed and we saw evidence that this had taken place. For example, the recent care plan audit identified that people's photographs needed to be updated to help ensure they were accurate. This had been done.

There was a maintenance person in post with responsibility for the maintenance and auditing of the premises. Equipment such as moving and handling aids and wheelchairs were regularly serviced to ensure they were safe to use. The boiler, electrics, and water supply had all been tested to ensure they were safe to use. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There were regular fire drills.

We saw the service sought the views and experiences of people who used the service, their families and friends and also visiting healthcare professionals. People and their families were involved in decisions about the running of the service as well as their care. Families told us they knew about their family members care plans and they had been invited to attend any care plan review meeting if they wished.

We concluded that Kimberley Court was constantly striving to improve the service it provided including dealing with staff recruitment challenges. The service were planning to pilot a new method of interview for new staff. This was designed to help improve staff retention and involved a more behavioural approach to interviewing and focussed more on people's skills and knowledge of the work.