

Community Care Solutions Limited

Kimbolton

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Kimbolton is a residential care home which can accommodate up to six people. At the time of this inspection six adults were using the service who had a range of care needs including learning disabilities, autistic spectrum disorders and physical disabilities. One person was away on holiday. Some adaptations had been made to the building to promote accessibility for people with a physical disability.

Overall, the service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service:

People told us they felt safe living at the service and with the staff. The provider checked to make sure staff were safe to work at the service, but the checks being made did not always fully meet the legal requirements.

Staff asked people for their consent to support and care on a day to day basis. However, the service did not consistently apply the principles and values of Registering the Right Support and other best practice guidance. The outcomes for people did not fully reflect the principles and values of Registering the Right Support because the provider had not gained their consent or followed the 'best interest' decision process - for people who lacked capacity to manage their own money, regarding their contributions to a shared car arrangement.

The provider checked to make sure people received good quality, safe care and support. However, the auditing systems in place needed strengthening to ensure all legal requirements were met and to drive continuous improvement.

People's privacy and dignity was respected and promoted. Staff knew how to protect people and keep them safe. They had the right skills and training to meet people's needs, including making sure they had their medicines when they needed them.

The building was safe, clean and comfortable for people to use. There was space for people to have privacy in their own rooms and communal space, including a garden.

Staff supported people to stay healthy. They helped people to access healthcare services when they needed to and ensured they had enough to eat and drink.

People were given opportunities to participate in activities, both in and out of the service. People could go

on holiday too if they wanted to.

There was a new registered manager who promoted a positive culture that was person centred and open. People were given the opportunity to make suggestions and provide feedback about the service provided to them.

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

Rating at last inspection and update:

The last rating for this service was Good (published 25 March 2017). At this inspection we have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of the full report. We have identified breaches in relation to how people's finances are managed and the checks the provider makes in order to assess the quality and safety of the service.

The overall rating for the service has therefore changed from Good to Requires Improvement. This is based on the findings at this inspection. This is the first time the service has been rated requires improvement.

Please see the action we have told the provider to take at the end of this report.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will request an action plan from 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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Kimbolton

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:

One inspector carried out this inspection.

Service and service type:

Kimbolton is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. 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 checked information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us. We also asked for feedback from the local authority who has a quality monitoring and commissioning role with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We spoke with, or observed the care and support being provided to, four people using the service during different points of the day, including meal times and when medicines were being administered. We also spoke with the registered manager, service manager, team leader and one support worker.

We then looked at various records, including care records for three people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes, so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

After the inspection:

We continued to seek clarification from the registered manager to validate evidence found. We asked for information about recruitment checks for new staff, staff training and the financial contributions made by people living at the service.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

Staffing and recruitment

- There were enough staff on duty to keep people safe and meet their needs in a timely way.
- The provider carried out checks to confirm new staff were suitable to work with people using the service. Current regulations, since 2014, require that providers obtain particular information for all staff employed to work. We found the majority of required checks were in place however, we found one staff file where there was no evidence to show the provider had attempted to verify the reason why the staff member's previous employment had ended. This is a required check.
- The registered manager told us after the inspection they had raised this as a compliance issue with senior managers and the provider's human resource team and confirmed that these checks would be included for all staff in the future.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained to recognise and protect people from the risk of abuse. They understood how to report any concerns if they needed to.
- People told us they felt safe living at the service and our observations found they were comfortable in the presence of staff.

Assessing risk, safety monitoring and management

- Risks to people were assessed to ensure their safety and protect them from harm. This information had been recorded in their support plans, providing a record of how the risks were being managed to keep them safe. Specialist equipment, such as an anti-choking device, had also been provided to keep people safe.
- Checks of the building were carried out routinely, and servicing of equipment and utilities had also taken place on a regular basis to ensure people's safety.
- We saw visual prompts, such as notices, and heard conversations between people and staff which demonstrated individuals were supported appropriately, and in the least restrictive way, when their behaviour challenged. One person commented on how they felt this approach had helped them to cope better when they became frustrated.

Using medicines safely

- Systems were in place to ensure people received their medicines as prescribed. Staff were following safe protocols for the administration and recording of medicines, including PRN (as required) and controlled medicines. Regular checks were taking place to make sure people did not run out of their medicines.
- Staff checked for people's consent and understanding before giving them their medicines. No one

received their medicines covertly.

Preventing and controlling infection

- People were protected by the prevention and control of infection. Staff maintained good hygiene by using personal protective equipment (PPE) such as gloves when handling food or before providing personal care. Records also showed staff responsible for preparing and handling food had completed food hygiene training.
- We observed the service to be clean, tidy and fresh. Hand gel had been provided around the building and signs were on display to remind people to wash their hands, when required.

Learning lessons when things go wrong

- Processes were in place to ensure lessons were learned when things went wrong. For example, the service manager spoke about the actions that had been taken following a medicine error, to minimise the risk of a future reoccurrence.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found people's consent was not consistently sought in line with legislation and guidance. For example, some people were contributing towards the cost of a shared car, without proper agreements in place. Staff told us the provider leased the car and half of the people living at the service paid a monthly contribution towards the use of the vehicle. Staff also told us a person who did not contribute to the cost of the car had recently been out in the car for a trip to the seaside. In addition, on the day of the inspection we were told the car was going to be borrowed by another service run by the same provider, which meant none of the people contributing to the car had access to it during this time.
- The registered manager confirmed there were no written records to show these arrangements had been agreed to by the people involved or assessed as being in their best interests. None of the people contributing towards the cost of the car had capacity to manage their finances.
- There was also no clear written breakdown to help people understand what the service paid for and what they were responsible for contributing towards.

We found no evidence that people had been harmed. However, this highlighted that the service did not consistently act in accordance with the requirements of the Mental Capacity Act 2005, where people lacked capacity to make an informed decision or give consent. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us this arrangement was a historical one and had been in place for many years. They confirmed after the inspection that best interest meetings would be arranged for everyone

contributing to, or wanting to contribute towards, the use of the car.

- We observed staff routinely seeking consent from people regarding day to day decisions, such as how they wanted to spend their time or what they wanted to eat. Where people could not give verbal consent, staff understood their preferred communication method and how to obtain consent in an alternative way.

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

- People were supported to experience a good quality of life. People's physical, mental and social needs were assessed to ensure their care and support was right for them and achieved good outcomes. For example, one person had been provided with a keyless lock for their bedroom door, as they were not able to use a key. It was clear this person valued being able to lock their bedroom independently and not be reliant on staff to do it for them.
- The registered manager told us the provider arranged regular meetings to cascade good practice information and support them to keep up to date with changes in legislation and good practice. They were aware for example of a new report aimed at promoting good oral healthcare in care homes.

Staff support: induction, training, skills and experience

- Staff confirmed they received relevant training to support them in their roles. The registered manager used a training matrix to record staff training and highlight when refresher training was due.
- Staff were provided with additional support to carry out their roles and responsibilities through team meetings, individual supervision and competency checks.

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

- We observed staff supporting people to prepare meals and snacks of their choosing. Staff confirmed if someone did not like a meal, then an alternative would be provided. We saw there was a choice of ingredients available to enable people to eat what they preferred. Two people talked about a barbecue the previous evening. One person said, "I enjoyed it, it tasted lovely."
- Staff pre-packed individual 'snack boxes' for everyone, to promote health eating. The boxes contained fresh fruit and water which people could access at any time.
- Staff were aware of potential risks for people such as problems with choking. Specialist anti-choking equipment had been provided along with staff training, to promote people's safety.

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

- Staff helped people to have access to healthcare services and receive ongoing healthcare support. Some people had complex needs, which required regular access to a range of healthcare professionals, who supported them in monitoring and managing long and short-term health conditions. Records of the outcomes from these visits were being maintained. One person told us they had been to see their GP during the inspection.
- People's oral healthcare was supported. Records showed that people saw the dentist when they needed. Support plans also contained guidance for staff on how to help people to maintain their oral health.
- 'Hospital passports' had been developed for people, which provided key information for health care professionals, in the event of someone needing to go into hospital. The service manager confirmed that people were supported by familiar staff if they needed to go to hospital.

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

- People's current needs were being met by the adaptation, design and decoration of the premises. One person living at the service used a wheelchair to mobilise. There was enough space for them to access

communal and individual areas on the ground floor, as well as the garden. Ramps had been fitted to enable them to mobilise independently.

- Other adaptations such as a wet room, had been provided to meet the person's personal care needs. However, the building was not completely accessible for someone with a physical disability and there was only one ground floor bedroom. The management team were fully aware of the buildings limitations and were exploring ways to future proof the service as people aged and their mobility decreased.

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 good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion. One person told us, "The staff look after me well." It was clear people felt at ease with the staff and felt comfortable chatting with them or approaching them for support.
- Staff spoke about people with warmth and genuine affection. A relative had also taken the time to provide written thanks to named staff members for the care and support they provided. In one case they had described a staff member as, 'Very special'.

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

- People were encouraged to express their views and be actively involved in making decisions about their care and daily routines. Staff recognised that routines often play an important role in the lives of people with autism and they supported them in this. People were observed to be relaxed and happy as a result.
- Staff told us people received additional support with making important decisions about their care and support from family members, where appropriate.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us that new staff completed training in areas such as dignity, equality and respect. Staff demonstrated a good understanding of these principles in how they supported people throughout the inspection.
- We saw photographs and emails that showed people's relatives and friends were made to feel welcome. During the inspection one person's relative came for tea, which was a regular arrangement.
- Throughout the inspection staff shared information about people with sensitivity and discretion, ensuring their right to confidentiality was upheld. Staff told us they had used their personal mobile phones to take pictures of people because the service did not have a camera for this purpose. This was done to maintain memories for people and for them to be able to share their experiences with loved ones. However, photographic images of people can be defined as personal data and therefore fall within the scope of the Data Protection Act (DPA). The registered manager had already recognised this as an issue and advised us they were in the process of purchasing individual cameras for people along with appropriate consent for photographs to be taken. In the interim they assured us that staff had deleted the photographs from their phones once they had been uploaded to a computer belonging to the provider, ready for printing.

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 good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- Each person had a support plan which contained personalised information about how they should receive their care and support, to meet their individual assessed needs and personal preferences. Additional records were being maintained to demonstrate the care and support provided to people daily.
- Staff encouraged people to develop their independent living skills and social inclusion through personal goals. We saw people being supported to do tasks for themselves as far as possible, such as making a sandwich and preparing dinner. Staff ensured key items were within people's reach if they used a wheelchair, to maximise their independence.
- People's needs were regularly reviewed with them to ensure the care and support they received was still right for them.

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.

- We checked to see how the service was meeting this standard and found information for people had been developed using pictures, photographs and symbols.
- Clear information had been included in people's care records about their preferred communication methods, and staff talked about how they used these on a day to day basis.

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

- Each person had their own weekly activity planner which incorporated a mix of regular activities such as day care or a work placement and leisure interests. During the inspection, some people went out for a picnic and another person went to the gym.
- Photographs showed people enjoying themselves on a variety of trips, events and holidays. Staff supported people to participate in family occasions and trips out too.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints in the last 12 months. However, some easy read information had been developed to explain to people how to raise concerns or make a complaint, if they needed to.
- Staff met with people individually and as a group to check they were happy and to discuss any concerns

they might have.

End of life care and support

- Staff confirmed the service was not currently supporting anyone who required end of life care. However, the registered manager advised that written plans had been developed, to ensure people's end of life preferences and choices were known. This information would support staff in knowing how to ensure people's comfort and wellbeing, in the event of them becoming unwell suddenly.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Quality monitoring systems were in place to check the service was providing safe, good quality care. We saw evidence of regular audits taking place at both service and provider level. However, we identified areas during this inspection that required improvement which had not been picked up by the provider's audits. This included staff recruitment processes and best interest decisions for people lacking capacity to manage their own finances.
- The provider had previously been informed by CQC about similar concerns following an inspection of another of their services. It was clear from this inspection that opportunities for sharing information across services and evaluating learning at provider level, were not used to drive continuous improvement and manage future performance.

We found no evidence that people had been harmed. However, our findings have highlighted that the provider's quality monitoring and assurance systems were not yet robust enough to monitor and improve the quality and safety 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.

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

- Since our last inspection, there had been a change of registered manager. The new registered manager divided their time between this and another service run by the same provider, with the support of a service manager (deputy) at each service.
- We found the registered manager and service manager to be open and knowledgeable about the service and the needs of the people living there. They were organised and clear about their responsibilities in terms of quality performance, risks and regulatory requirements. For example, the registered manager took action to address areas we asked more questions about or identified for improvement.
- Records showed that legally required notifications were being submitted to us (CQC) as required, and when things went wrong people and their relatives were kept informed too.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Without exception, staff told us they felt well supported by the new registered manager and said they had introduced positive changes at the service which had benefited the people living there. One staff member described the registered manager as an 'all-rounder' and said, "[Name of registered manager] has been very helpful and an eye opener. Led us to where to we are today."
- Staff were confident and motivated as a result. They interacted with people and one another collaboratively, in a caring, respectful and positive way. This created a relaxed and comfortable atmosphere all day.
- The registered manager explained they used a variety of methods to seek feedback from people and staff. This included satisfaction surveys and meetings and records we saw supported this. Meetings for people living at the service included specific agenda items covering 'what we are not happy about' and 'what we are happy about'.

Working in partnership with others

- The service worked in partnership with other key agencies and organisations such as the local authority and external health care professionals to support care provision, service development and joined-up care in an open and positive way.

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 11 HSCA RA Regulations 2014 Need for consent People's consent was not consistently sought in line with legislation and guidance. Regulation 11 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Existing quality monitoring systems needed strengthening to ensure all legal requirements are met and to improve the quality and safety of the service provided. Regulation 17 (1) (2) (a) (b) (f)