

Community Care Solutions Limited

Kimbolton

Inspection report

7 Kimbolton Avenue
Bedford
Bedfordshire
MK40 3AD

Tel: 01234330890
Website: www.communitycaresolutions.com

Date of inspection visit:
10 January 2023
15 January 2023
19 January 2023

Date of publication:
07 February 2023

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?	Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Kimbolton is a residential care home which can support up to 6 people. At time of the inspection 5 autistic people or people living with a learning disability were being supported with personal care. People have their own personalised bedrooms and bathrooms and access to shared communal areas such as a kitchen, lounges and a garden.

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

Right Support:

Reasonable adjustments were made so that people could be fully involved in discussions about their support. Staff communicated with people in their identified and preferred methods.

People benefitted from an interactive and stimulating home environment and were supported not to feel isolated.

Staff supported people to be independent if this was their choice. The management team were continuing to support staff to improve in this area.

People were being supported to pursue their interests and achieve their aspirations and goals. However, these were not always recorded or monitored effectively.

Staff gave people care and support in a clean environment which met their physical needs and people were able to personalise their bedrooms.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative.

Staff supported people safely with their medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff had the training and knowledge to support people effectively. The management team were improving the way staff members knowledge and competency was being checked.

People's support plans did not always fully reflect their range of needs and promote their wellbeing and enjoyment of life.

Staff supported people to assess any risks they might face in a safe way and supported people to take positive risks.

Staff promoted people's equality and diversity and knew them well as individuals. People received kind and compassionate care which fully promoted their privacy and dignity.

Staff were prompting people to try new things which may enhance their wellbeing and enjoyment of life.

Right Culture:

Audits completed at the service by management had not always picked up on areas that could have been improved.

People and those important to them were involved in planning their support.

People received consistent support from a staff team who knew them well. Staff worked hard to achieve good quality care and good outcomes for people.

People received good quality care and support and were supported to lead inclusive and empowered lives for the most part.

Staff were responsive to people's needs and worked well together to achieve good outcomes for people. Feedback from people and relatives about the service was positive.

The registered manager and staff team were passionate about continually improving the service and supporting people to achieve their goals and aspirations.

For more details, 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 requires improvement (published 09 August 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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

This inspection was completed by 1 inspector.

Service and service type

Kimbolton is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Kimbolton is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 10 January 2023. We visited the service on 10 and 15 January 2023. We spoke with people's relatives on the telephone on 19 January 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

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

During the inspection

We spoke with 4 people who used the service and 2 relatives about their experience of the care provided. We spent time observing how staff supported people in their day to day lives at the service.

We spoke with 6 members of staff including support workers, senior support workers, and the registered manager.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe being supported by staff. One person said, "I feel very safe here. [Staff] always check to make sure I am feeling okay."
- Staff were trained in safeguarding and knew how to report possible signs of abuse to the relevant professionals such as CQC or the local authority safeguarding team.

Assessing risk, safety monitoring and management; Learning lessons when things went wrong

- The registered manager had put risk assessments in place for people, depending on their support needs. These included supporting people with mobility, eating and drinking or to manage their feelings. However, some of these risk assessments needed more detail about how to mitigate risks. The registered manager acknowledged this and told us they would review these risk assessments.
- People's risk assessments were changed and updated as their needs changed. One person told us, "I have been having a lot more falls recently so staff have been helping me more and I am going to be moving rooms, so I have more space."
- Staff completed health and safety checks of the service to help ensure people were safe. One person said, "[Staff] are always busy making sure the building is okay. We have to practice getting out when there is a fire drill every week."
- When incidents or accidents happened, these were documented and discussed with staff individually and in meetings. This gave staff the chance to learn lessons when things went wrong. One relative told us, "[Staff] always ring us when things happen and always have solutions in place to make things better."

Staffing and recruitment

- People told us, and we observed there were enough staff to support people safely. One person said, "There is always someone here to help me when I need it."
- People received support from a consistent staff team and the service did not use unfamiliar agency staff. This meant people had the opportunity to build strong relationships with staff supporting them. One person told us, "We do not get new staff here. It has been a long time."
- The provider had systems in place to recruit staff safely in line with legislation.

Using medicines safely

- People were supported safely with their medicines. Staff were trained and had their competency checked to administer medicines. One relative said, "It is reassuring that staff help [family member] with their medicines. [Family member] can do some of it themselves but staff help make sure it is all done properly."
- People who were prescribed medicines to be taken 'as and when required' had protocols in place to guide

staff when to administer these. Audits were in place to monitor and make sure medicines were administered correctly.

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to have friends and family visit at any time they chose.
- People were supported to keep their home clean and tidy. The service looked clean and there were no malodours. One person told us, "[Staff] keep everything clean and tidy here. There is not even a speck of dust."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider 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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The registered manager completed capacity assessments for people who may lack capacity to consent to certain decisions. Where people lacked capacity, decisions were made in their best interests, with input from people's families and other professionals where appropriate.
- Since our last inspection the registered manager had ensured people had been involved in discussions about aspects of the service such as sharing vehicles. People's decisions had been clearly documented and were respected by the staff team.
- Staff asked people for their consent before they supported them with aspects of their support such as personal care. One person told us, "The staff are very polite, and I get lots of choices here."

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

- People's needs were assessed before they started using the service. Their support plans and risk assessments were regularly updated as people's need changed. However, some sections of people's support plans, for example relating to relationships with friends or goals they wished to achieve were not detailed or completed. The registered manager said they would improve the support plans.
- The registered manager and provider were aware of legislation and best practice guidance such as Right Support, Right Care, Right Culture. They were working with the staff team to help instill this in their day to day practice and when they were supporting people.

Staff support: induction, training, skills and experience

- Staff had training in areas such as supporting autistic people and people living with a learning disability, moving and handling and supporting people to eat and drink. The registered manager checked their competency and knowledge after training had been completed. One person said, "[Staff] are all very knowledgeable here. They know me well and know when I need a chat to make me feel better."
- New staff had an induction to the service, and this included a specific induction about each person's individual needs. One relative told us, "[Family member] finds meeting new staff members difficult but this has never been a problem at Kimbolton. The new staff are shown what to do quickly."

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

- People were supported to eat, and drink based on their needs and preferences. One person said, "I find some foods quite difficult to eat as I have gotten older, so the staff cut them up small for me. It means I can still enjoy what I like."
- Food looked and smelled appetising and staff took pride in making sure people were fully involved in choosing their meals. One person told us, "I always look up a recipe on the computer and asks staff to cook it for us. There isn't anything they haven't been able to cook so far."

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

- Staff worked with professionals such as physiotherapists and speech and language therapists to promote good health outcomes for people. One relative said, "[Staff] make sure [family member] sees health professionals when they need to and keep a record of what is being discussed so everything is up to date."
- People were supported to live healthily, and staff promoted people eating a variety of healthy foods and exercising regularly. One person told us, "[Staff] know that I do not like eating vegetables. They always give me them though and ask me if I would like them every day. I know it is good for me really."

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

- People were positive about their home environment. One person said, "It's great here. [Provider] has been working on making the place look better and most of the work is finished now." A relative told us, "It definitely feels like a home rather than an institution."
- People were involved in choosing how to decorate their own bedrooms as well as communal areas in the service.
- The registered manager told us they were developing the conservatory area to make it more inviting and accessible for people.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 told us staff were friendly and treated them kindly. We observed most staff interactions to be kind and compassionate. However, there were some times of the day where people were left without interaction and may have benefitted from staff support. We discussed this with the registered manager who took immediate action to increase direct observations of staff interactions with people. They also implemented a new competency assessment specifically designed to support staff in this area, if necessary. The provider also told us they would be running workshops with staff to support them to further understand the importance of meaningful interactions.
- People's comments about staff support included, "The staff support me well. When I feel upset I can be quite loud and shout at them, but they understand this and give me lots of space and time to talk." and, "[Staff] are nice and it is pretty good living here." A relative said, "Every staff member we have met has come across as very kind and professional."
- Staff knew people well and respected their equality and diversity. For example, staff supported people to travel to different locations to celebrate their chosen religion. Staff supported people to follow routines that were important to them such as wearing a certain brand of clothes or reading a specific newspaper. People told us this was important to them and they were happy staff supported them in this manner.

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

- People made choices in their day to day lives such as what to do with their time, what to eat and what to wear. One person said, "[Staff] always give me a choice of what to do and ask whether I want to do things. Sometimes I do not want to go out and staff say that is okay. They will double check to make sure I have not changed my mind as well."
- People and their relatives were involved in decision making and reviews of support plans and risk assessments. One relative said, "I see all of the care plans and documents in the annual reviews but [staff] also talk to me if there needs to be any changes."

Respecting and promoting people's privacy, dignity and independence

- When we visited the service, there were missed opportunities for staff to promote people's independence in areas such as cooking or cleaning. However, people told us, and we saw evidence of staff promoting people to be independent. One person said, "I cannot do as much as I used to, but staff help me do what I can." The registered manager told us they would remind staff to ask people if they wanted to be involved in tasks around the house on a daily basis.
- Staff respected people's privacy and dignity. One person told us, "[Staff] know when I need time to myself

and will always leave me alone in my room if I ask them to." Staff gave examples of promoting people's dignity, for example, by supporting them to be supported with personal care at their own pace.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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

- People received personalised care based on their preferences. Support plans for the most part were detailed, however some areas of support plans such as goals people wanted to achieve or how people wanted to form relationships were incomplete or lacked detail. We addressed this with the registered manager who told us they would review support plans to ensure they were adequately detailed.
- We received some mixed feedback about the support staff gave people when they were feeling upset or anxious. However, our observations, evidence shared by the registered manager and discussions with staff addressed these issues. The registered manager still acted on this feedback and said they would speak with staff about some of the mixed feedback we received.
- People's preferences and routines were known and followed by the staff team. One person said, "[Staff] know I like [past time] and will always chat with me about it. Even if they do not understand it, they still chat with me and learn about it which I like." Another person said, "[Staff] know how important it is to me to [follow routine] and help me do this every day."
- Relatives spoke about the importance of people being in control of their preferences and how well the staff supported this. One relative said, "[Family member] needs a stable and predictable environment and they definitely get this at Kimbolton."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew how to speak with people who did not always communicate verbally, or who needed support to understand verbal communication. For example, staff supported one person to choose a written word when making choices.
- Documents such as the complaints procedure were available in accessible formats. The registered manager said they were also looking to introduce photos of meals and social pastimes to help people understand what was happening. One person said, "I have [my board] there and I put picture up depending on what I am doing through the day."

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

- People were supported to take part in social pastimes of interest to them. One person said, "I am very

busy here and go out a lot. [Staff] always take me out if I want to go." The registered manager explained how they monitored social engagement and community access to make sure people were engaged throughout the day.

- During our visits to the service people were involved in past times in and out of the service. This included, supporting staff with the upkeep of the service, going to the cinema and doing the food shopping. One person told us, "There is always the choice to get out and about. I do not always go, but staff know this is my choice." The registered manager sent us evidence of people following social past times on a regular basis.
- Family and friends were able to visit the service at any time. One family member told us, "It is nice being able to go and see [family member] at any time if they feel upset or anxious."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and people and their relatives knew how to raise concerns. One person told us, "If I had anything to say then I would speak up. No concerns about doing this."
- The registered manager took complaints and concerns seriously and looked into them before responding to people with any actions they would be taking.

End of life care and support

- Staff had supported people to put plans in place for the end of their life if this was their choice. These were detailed about what people wanted to happen at this time.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

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

At our last inspection 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.

Although there were still some improvements to be made, enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There had been improvements to the effectiveness of quality monitoring and assurance systems. However, these were still not completely effective in monitoring the quality of the service and taking actions where this was necessary. For example, they had not picked up on the issues identified at this inspection such as lack of detail in some people's support plans and risk assessments or staff interaction with people needing further improvements.
- The registered manager had audits in place to monitor the quality of the service however, these were not always completed in a timely manner. For example, audits and checks of people's daily records were not completed fully. This was a missed opportunity to monitor people's progress towards goals or to see how often staff were supporting people to engage with social pastimes or the local community.
- Staff held meeting with people to discuss their support. However, these were not used effectively to monitor if people were achieving their goals and aspirations. These also had some derogatory language about people included in them, for example, "[Person] has been well behaved this month." These were not being reviewed by the registered manager.
- The registered manager was completing competency assessments with staff; however, these did not focus on staff interaction with people throughout the day. This was a missed opportunity to support staff to reflect and continually improve on their practice.
- The registered manager and provider acted immediately on all of these concerns and put actions in place to improve the service. They evidenced actions such as holding workshops for staff and reviewing support plans. This assured us improvements were being made.
- Other audits, such as those relating to medicines or infection control were effective in monitoring the quality of the service. Action plans were in place to detail what actions were completed to improve the service.

- The registered manager was passionate about improving the service and told us about the long term plans they had to improve people's lives.

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

- People were positive about their support. During our visits to the service there was a positive atmosphere and people were happy and relaxed being supported by staff. People's comments included, "I really like living here. [Staff] listen if something is wrong and I think compared to other places Kimbolton is definitely one of the better places to be." and, "I have lived here a long time and plan to keep living here as long as I can."
- Relatives also gave positive feedback about their family members support. One relative told us, "[Family member] has great rapport, not only with staff but with the other people living there. It feels like a family."
- The registered manager was passionate about supporting staff to empower people and help them achieve good outcomes. One person said, "[Registered manager] is great and I really get on well with them." A relative told us, "[Registered manager] has really made an impact at the service and [family member] feels well supported and listened to by them."
- The registered manager was open and honest with people if things went wrong. They reported incidents to CQC and the local authority in line with current statutory guidance.

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

- People were asked for feedback about the service regularly, in day to day discussions with the staff team and in more formal meetings. One person said, "I meet with staff every month and we talk about how things are going. We have meetings altogether sometimes as well and it is good to talk about what we all want."
- Relatives were asked to feed back about the service and were kept informed about how their family members support was progressing. One relative said, "I am able to speak to staff at any time of day and they always respond promptly if I have any questions."
- Staff were supported to speak about their job roles and the way the service was progressing in individual meetings and larger team meetings. Staff felt listened to and felt that their ideas mattered in relation to how people could be supported better.

Working in partnership with others

- The registered manager and staff team linked and worked with health professionals to promote good health outcomes for people.
- People were supported to link with their local community such as working in shops or attending local social clubs.