

# Rhodsac Community Living Ltd

# Kimwick Care Home

## Inspection report

7 Colossus Way  
Bletchley  
Milton Keynes  
Buckinghamshire  
MK3 6GU

Date of inspection visit:  
04 September 2019

Tel: 01908666980  
Website: [WWW.RHODSACCAREHOME.COM](http://WWW.RHODSACCAREHOME.COM)

## 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

### About the service

Kimwick care home is a residential care home that can provide long and short-term residential care for up to four people with learning disabilities, autism and mental health conditions; at the time of inspection three people lived at the home.

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 that 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 using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported by caring staff who knew them well. There were enough staff on shift to meet people's individual needs. There were systems and process in place to protect people from abuse.

Staff were trained and supported to meet the needs of the people living at Kimwick care home. Staff received supervision and had regular team meeting to communicate any changes.

People received their medicines as prescribed. Staff had completed competency checks to ensure the correct procedure was followed.

People had risk assessments in place to support staff in understanding and keeping people safe. Risk assessments were completed with people and their views and outcomes were recorded.

People told us staff were kind and respectful. People had their needs assessed and a comprehensive care plan document that detailed peoples likes and dislikes, routines and choices was completed. People and their representatives were fully involved in all aspects of care planning.

Staff supported people to access healthcare services including doctors, dentist, occupational therapy and any other professional required. Staff supported people to lead healthy lives through healthy eating and exercise if required.

People's communication needs were identified, and systems put into place to ensure their views could be sought and that staff had the training required to communicate effectively with them.

People were supported to maintain relationships and take part in social activities. People who wanted to were supported to gain employment or access education.

The registered manager had systems and processes in place to ensure person centred care was delivered, these included regular audits, spot checks on staff and meetings for people and staff.

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 07 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 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 well led.

Details are in our well led findings below.

Good ●

# Kimwick Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was undertaken by one inspector on 4 September 2019.

#### Service and service type

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

We reviewed information we had received about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support that people receive. We used all this information to plan our inspection.

During the inspection we spoke with two people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager and care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The registered manager had not always followed their own recruitment processes, some staff files did not evidence that two references had been received prior to staff starting work in line with the providers policy, however this related to staff that had been employed over 2 years ago. The registered manager agreed to oversee recruitment and ensure all staff files were completed.
- All staff had a disclosure and barring service (DBS) check for adults and had evidence of their identity on files before they started the induction.
- There were enough staff employed by the service. People told us they received care from regular reliable staff who provided support in a consistent way. A person told us, "There are always enough staff, if I need them I just say." A relative told us, "The staffing levels are good, I can always speak to staff when I need to, and staff are always around to support [person's name] with whatever [person] wants to do."

### Using medicines safely

- Medicines were given as prescribed, PRN (medicines taken as required) protocols were in place and followed.
- People received suitable support with their medicines.
- People's independence to manage their own medicines was encouraged if safe to do so.
- Staff responsible for administering people's medicines told us they received appropriate training.
- Staff had been competency checked to ensure they understood the correct procedures to follow and knew what action to take if they made an error.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person said, "Staff make me feel safe, they are good." A relative told us, "I can relax knowing [person] is safe and well looked after."
- Staff had received training in how to keep people safe from abuse and were clear on how to raise concerns both with the home and to external agencies.
- The service had safeguarding information in easy read format in accessible places around the home.

### Assessing risk, safety monitoring and management

- People's needs, and abilities were assessed on an ongoing basis to identify any areas of risk. Care was then planned to minimise the risk to people to keep them safe.
- Care plans and risk assessments contained all the information needed to support staff to provide safe care

and where needed,

- People told us staff were aware of the risks to them and ensured they were safe. One person told us, "I know what's in my risk assessments and staff always know what to do."
- Risk assessments detailed the person's view and how they wanted to achieve. The provider supported people to take positive risks including going to the pub alone.

#### Preventing and controlling infection

- Staff received infection control training and there was an infection control policy that provided guidance for staff to follow.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed by the deputy manager daily. Action was taken to reduce the risk of incidents reoccurring.
- Learning from incidents was reviewed with staff in supervisions, team meetings and logged on daily handover paperwork, which staff read before each shift starting.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the home. This allowed the registered manager to ensure staff had all the skills and knowledge needed to deliver care in line with best practice.
- People's communication and understanding was clearly documented. This helped staff to ensure they communicated in the correct way for a person.
- People had care plans in place detailing how they liked to be supported. For example, "My alarm goes off at 6.30am, staff need to knock on my door at 7am to make sure I am up, staff will need to prompt me."

Staff support: induction, training, skills and experience

- Staff told us they received good support. One staff told us, "I feel 100% supported."
- Staff completed an induction and a range of training to meet people's needs effectively before they started working at the service.
- Staff told us their training programmes were, "Informative" and "Good". One staff member said, "The training covers everything I need."

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

- People told us they were happy with the quality of food provided. One person told us, "Staff give us two choices every day, however if I want something I just put it on the shopping list and they get it for me."
- People's ability to eat and drink safely and maintain a healthy weight were assessed and where staff had any concerns about people, they were referred for an assessment by a healthcare professional. Where necessary food was modified to ensure people were safe. For example, food could be cut up if required.
- Staff received training on food hygiene and were aware of people's likes and dislikes regarding food.

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

- People were supported to access healthcare advice and support as needed. Records showed people had been able to access GP's, dentists and opticians and had been supported to attend all appointments. People were referred to appropriate health professionals when required. Where people required support from external healthcare professionals this was arranged, and staff followed guidance provided by such professionals.
- Staff had a good knowledge and understanding about people's healthcare requirements and ensured people's hospital passport was kept up to date. This ensured people received co-ordinated and person-centred care, in case of an admission into hospital.

- Staff communicated effectively with other staff, relatives and people. Staff told us that communication was "excellent." A relative told us, "Staff keep me updated on any health concerns for [person's name] so I know when [person] comes home what I need to do."

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

- People's bedrooms were personalised and decorated to individual preferences.
- The layout of the building ensured people had free movement around the home and a secure outdoor space.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service continued to work within the principles of the MCA. Mental capacity assessments had been completed with the person and/or their relative. People, when able to, had signed and consented to the care and support to be provided.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had received training in the MCA. They were able to describe how they supported people to make as many choices as possible over their daily lives.

# 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 has 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 staff were caring. One person told us, "All staff are kind." A relative said, "Staff are marvellous, they treat [person's name] as family."
- Staff knew people well. A staff member told us, "We spend time with people, getting to know them and letting them get to know us."
- People were cared for by staff who enjoyed their work. A staff member said, "I love my job, it is so rewarding, I get to work with brilliant people and do brilliant things."

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

- People were supported to make decisions about their day. For example, people were offered choice around mealtime and what activities they wanted to do.
- People were involved in writing and reviewing their care plans and making decisions about how they wanted to be supported.
- Information such as people's history, likes and dislikes, family and why they needed support was recorded in their care plans in a respectful way. People's decisions and preferences were documented, such as gender or skills of staff to support them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported and respected their independence. One person told us, "I wanted a job, so staff supported me to get one." A relative told us, "I can't believe the change, [person's name] talks more, goes out whenever they want to. Staff will support [person] to do anything."
- People's privacy and dignity was always maintained by staff. A person said, "Staff never come in when I am in the shower, staff always knock on door before they come in."
- Care plans had clear guidance as to people's preferences and desired outcomes in relation to maintaining their dignity and promoting independence.
- Some people living at the home had been supported to access an advocate to help them make decisions. An advocate is an independent person who is able to speak for the person and represent their view to ensure that decisions are made in the person's best interest best interest.

# 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 has 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

- People received personalised care and support specific to their needs and preferences. One staff member told us, "[Person's name] wanted to be supported by a specific staff, so this was arranged." A relative told us, "[Person's name] has a timetable of activities that are specific to [person], this is the structure [person] needs."
- We saw evidence within care plans and through observations that staff treated each person as an individual, respecting their social and cultural diversity, values and beliefs.
- The service supported people to move on to more independent living when appropriate. This was discussed with people regularly and options explored with 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.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.
- We saw care plans in people's files had been put into an easy read format.

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 maintain and develop relationships with people who were important to them.
- People were supported to participate in activities of their choosing. These included swimming, College, work, climbing, swimming, shopping, trampolining and day services.

Improving care quality in response to complaints or concerns

- People, relatives and staff were confident in raising concerns. Where people had raised a concern or complaint they told us it had been dealt with to their satisfaction.
- The provider had a complaints procedure. This included information about external agencies who could support people with complaints.
- Complaints were investigated, and action was taken to address the issues and prevent reoccurrence in the future where possible. This enabled any lessons learnt to be shared.

## End of life care and support

- At the time of our inspection the service was not providing any end of life care to people.
- There were policies and procedures in place to meet people's wishes for end of life care.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff had good knowledge about the people who used the service. Communication amongst the staff team and management was good, and detailed handovers meant staff were kept up to date about changes to people's needs and wellbeing.
- Systems and processes were in place to ensure person centred care was always offered and that people's choices and routines were documented.
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.

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

- The registered manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager had been open and honest with people and relatives about incidents which happened in the home. They had ensured relatives were kept up to date with any concerns about their relatives care needs.

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

- Effective systems were in place to ensure all staff were appropriately trained. Support was available for them to keep up to date with best practice guidelines in providing high quality, person centred care.
- Planned reviews of people's care were monitored to ensure they took place and that care plans or risk assessments were updated where needed.
- We saw evidence of audits completed for a range of topics including dignity and respect, care plans, safeguarding and risk assessments. Action plans were completed and reviewed to ensure all documentation was up to date and reflected best practice
- Spot checks and competency assessments were carried out on staff to ensure staff were completing care tasks and support in line with best practice.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People and their relative's views about the service were sought individually through review meetings and satisfaction surveys. We saw feedback from people and staff that was positive in all areas.
- Team meetings and supervisions took place to communicate updates. Staff told us they felt confident to raise concerns and speak openly about any ideas they had.
- Staff and people told us they felt listened to by the registered manager.
- People living at Kimwick care home told us they had residents' meetings and were able to give their views on the quality of care they received. One person told us, "We regularly have meetings, I don't always attend but I could if wanted to."

Continuous learning and improving care. Working in partnership with others

- The registered manager worked closely with the local community team to ensure they had the most up to date knowledge and best practice.
- The service had links with external services that enabled people to engage in the wider community.
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.