

QH Kathleen Chambers Ltd

Kathleen Chambers House

Inspection report

97 Berrow Road
Burnham-on-sea
TA8 2PG

Tel: 01278782142

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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

About the service

Kathleen Chambers House is a residential care home providing accommodation and personal care to up to 40 people. The service provided support to older people, people living with dementia and people with a sensory impairment. At the time of our inspection there were 26 people using the service.

The service is purpose built with wide corridors and a level accessible garden. There is a large communal dining room, lounges, activity room and a conservatory. People's rooms are located over two floors. These have ensuite facilities and kitchenettes.

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

People told us they enjoyed living at Kathleen Chambers House. The home was purpose built, which ensured it was accessible and had many communal areas. People were supported by a consistent staff team. Staff were kind, caring and respectful.

Risk assessments were completed to manage risk whilst promoting people's independence. However, some protocols were not in place for known health conditions.

The home was well-led and managed. Governance systems were in place to monitor and assess the quality and safety of the service. Staff received regular training and supervision.

The home was clean, tidy and well-maintained. People enjoyed their individual rooms, which supported people's independence. There was a large, well-kept garden which people were observed using regularly. There was a calm and relaxed atmosphere in the home. People's visitors were welcomed.

People enjoyed the food provided and mealtimes were friendly and sociable. People were supported to maintain good health.

People's feedback and opinions were sought through meetings. Information was regularly shared with people, so they were involved and up to date with decisions about the home. There were good systems of communications with staff members and relatives. Care plans explained how people preferred their care and support to be delivered.

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.

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

Rating at last inspection

This service was registered with us on 28 September 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 19 September 2018.

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 well-led.

Details are in our well-led findings below.

Good ●

Kathleen Chambers House

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kathleen Chambers House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kathleen Chambers House is a care home without nursing care. The Care Quality Commission (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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 six people living at the service and nine relatives. We spoke with 11 staff members which included the registered manager. We reviewed six people's care records and eight people's medicine records. We looked at a variety of records relating to the management of the service, including policies and procedures and audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place to guide staff how to safely manage areas such as mobility, medicines and skin integrity. However, there was not always protocols in place for staff to follow around people's health conditions. For example, diabetes management. Some of this information had not been transferred when the service moved to electronic care planning. The registered manager said this would be addressed promptly.
- The environment and equipment were regularly assessed and serviced. This included checking the safety of systems such as electricity, gas and water. A continuity plan was in place to ensure unforeseen events were managed effectively.
- Regular checks were conducted on fire safety systems. Drills took place to ensure people could be evacuated safely. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required.

Staffing and recruitment

- People told us there was staff available to meet their needs. One person said, "Staff are very nice, they come and help." Rotas reviewed demonstrated staffing numbers were kept at the level deemed safe by the provider.
- People were supported by a consistent staff team. The home did not use agency staff. The registered manager was open about the staffing challenges over the last 12 months. The service had now recruited new staff. Staff told us, "Things have settled down" and "No problems with staffing now." A relative said, "I believe they have struggled with staffing. Have now brought in new staff. Great young ladies. Home now seems on top of the situation."
- The service had safe recruitment processes. This included checks on identity, and previous employment. Disclosure and Barring Service (DBS) checks were conducted. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to receive their medicines as prescribed. A relative said, "Medicines are well managed."
- Medicines were managed, stored and administered safely. Temperatures of medicine storage areas were monitored. Protocols were in place for as required medicines.
- People were supported to administer their own medicines if appropriate. Risk assessments were conducted and people's independence was promoted. One person told us about one medicine they self-administered and how this benefited their evening routine.

- Medicines that required additional storage in line with legal requirements were stored appropriately and systems for stock checks were in place.
- Senior staff received competency checks in relation to administering medicines safely and regular medicines audits were completed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe and secure." A relative said, "My relative is safe because the home is well run." Another relative said, "Safe, yes absolutely safe. It's the general care and attention."
- People told us staff were responsive. One person said, "I can press the bell when I need someone." We observed staff supporting people promptly when required.
- Staff had received training in safeguarding adults and knew how to identify and report concerns. One person said, "I feel well looked after."
- The registered manager knew how to report safeguarding concerns to the local authority and CQC as required.

Preventing and controlling infection

- The home was clean and well maintained. A relative said, "The home is very clean."
- 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.

The provider was facilitating visiting in line with government guidance. A visiting procedure was in place.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. A monthly analysis was undertaken to review for patterns and trends and ensure actions taken to prevent reoccurrence were effective.
- The registered manager and staff reflected when things had gone wrong. This ensured lessons were learnt and practice improved.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who received training and supervision specific to their needs. As part of the induction, staff completed their Care Certificate. The Care Certificate is a set of standards that define the knowledge, skills and behaviours expected by staff, specific to job roles in the health and social care sector. A staff member said, "I completed training and shadowed staff."
- Staff received training in areas such as moving and handling, infection control and visual impairment. There was positive feedback from staff about the practical elements of training. A relative said, "Staff are sufficiently trained." One person said, "Staff pick things up quickly."
- Staff received regular supervision. Staff told us they could raise any concerns and felt listened to. Supervisions discussed training, objectives and staff well-being. One staff member said, "Yes, supervisions are useful." Another staff member said, "The office door is always open."

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

- People were supported to maintain their nutrition and hydration. Care plans recorded food and fluid intake and how to escalate concerns if required.
- People had a choice of where they ate their meals. Mealtimes were observed to be relaxed and sociable. One person said, "The food is nice. I generally like most things but, I can ask for something different."
- Information was shared with the catering team where people had allergies, dietary requirements or needed a modified diet. There were opportunities for people to feedback on the quality and choice of the food served through meetings and conversations.
- People's bedrooms had kitchen areas which promoted people's independence around food and drink. One person said, "I enjoy having a glass of wine with my meals." A relative said, "[Name of person] can make themselves a cup of tea." Another relative said, "There are always cold drinks by their side."

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 health appointments. Information about health care needs were in people's care plans. People had hospital passports, which gave key information and explained people's communication needs should a hospital admission be necessary. One person said, "The home arranges all appointments and help with transfer and transport."
- People were supported with referrals to health care professionals where required. For example, referrals made to Speech and Language Therapist (SALT) and the community nursing team for wound care support. A relative said, "Staff are very good at picking things up quickly and try very hard to get health professionals in if it is necessary." Another relative said, "If [Name of person] is unwell, they get the doctor to see them."

They were seen by the SALT recently."

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

- The home was accessible promoting people's independence safely. There were wide open corridors and bright airy spaces for people to move around in. Handrails, seating and signage guided and orientated people around the service.
- People told us how they enjoyed using the garden independently or with staff support. The garden was accessible and level. We observed people using the handrail around the whole of the garden to guide themselves around independently. The garden was large and well-kept for people and their visitors to sit and enjoy. One person said, "The garden is fabulous. So many places you can sit out."
- All rooms and storage areas were appropriately identifiable for people with a sensory impairment. There was a talking board which gave information about upcoming activities. One person said, "The environment is easy to navigate and get around."
- People's rooms were spacious and homely with personal effects such as photographs, books and ornaments. One person said, "The rooms are spacious. The garden is lovely. I go out there."

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.

- Where people lacked capacity to make a specific decision a mental capacity assessment had been undertaken and best interest process followed. The registered manager gave assurances that the accuracy of recording a mental capacity assessment for the purpose of making a DoLS application would be reviewed for one person.
- No one currently had an authorised DoLS in place. Applications had been made as required.

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

- People's care plans contained important information relating to their sensory needs. This included communication methods to aid interacting with people who had sensory impairments.
- Staff ensured people's choices were respected. For example, what people wanted to do with their day and what they wanted to eat and drink. A staff member said, "I always check consent before doing anything."
- People's protected characteristics under the Equality Act 2010 were identified and respected in care plans. This included people's wishes in relation to their religion, culture and gender preference of carer. Staff we spoke with explained how people's different religious needs were supported through activities and services.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were supported by staff who were kind, caring and respectful. One person said, "The staff are very good." Another person said, "I like it here. They staff are nice." A relative said, "Staff are absolutely caring. Always kind and helpful."
- People's individual support needs were facilitated. Staff knew people well and their preferences. A relative said, "Staff are very kind and caring. Definitely a respectful approach."
- There was a calm and relaxed atmosphere at the service. We observed people spending time in different areas of the service, accessing the community, receiving visitors and enjoying their personal space. One person said, "It is nice to be around people."

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

- People were encouraged to give feedback about the service and contribute to decisions made about the home. For example, a meeting had been held to gain people's individual views about the menu and choice of foods.
- People were involved in reviewing their care and support. People had a keyworker who was involved in care reviews along with family members if people wished.
- Care plans reviewed demonstrated a person-centred approach. Changes to people's care were discussed during daily handovers and recorded in care plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and upheld. A relative said, "We are happy with the staff's approach. They are very polite and maintain dignity."
- The service promoted people's independence safely. For example, one relative told us how staff left their relatives clean laundry as they liked to put this away themselves. A relative said, "Independence is encouraged as far as possible. There are a range of activities which helps with independence and socialising."
- People told us their visitors were welcomed. One person said, "Visitors, can come when they want."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The service was not currently supporting anyone with end of life care. Training was provided in end of life care. However, some staff had not yet completed this.
- Information was included in people's care plan about their wishes. A relative said, "There is an end of life plan. I have been involved and had input." However, we found end of life information was not always consistently recorded and meant staff may not be able to locate the relevant details. The registered manager said this would be reviewed.

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

- Care plans gave information about people's previous employment, family and interests.
- People's preferences and wishes were explained. This ensured staff knew what was important to people. For example, one care plan said, "I do not want to be checked after 10pm. I wear my call bell if I need help."
- Staff knew people well and provided consistent care and support. Staff we spoke with demonstrated they knew people's individual needs. A relative said, "Staff demonstrate a considerate respectful approach."

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.

- The service ensured people received information in their preferred way. Sections in people's care plan described their communication preferences. For example, one person used a wipe board to write information on, another person used their computer to transfer text to speech.
- Information displayed in the service used a variety of communication formats. For example, large print, braille and talk aloud.

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

- The service had staff designated to deliver activity provision. The service utilised the space and grounds of the home to offer activities. One person said, "Staff check with new people what they would like to do and previous interests." Another person said, "The activities staff are very nice. I have been out on a trip." A relative said, "Staff spend time with people individually."

- Activities on offer were displayed. This included arts and crafts, book club, newspaper reading, games, one to one time and trips in the community. A relative said "My relative is not a very confident person. They didn't get involved. Now is getting involved. Has played drafts and taking part in a weaving activity." One person said, "There is no pressure to join in, they come in and ask you."

Improving care quality in response to complaints or concerns

- People and relatives had access to the complaint's procedures. Complaints and concerns were investigated and acted upon in line with the procedure. A relative said, "I raised [a complaint] with the registered manager. There was no repetition or repercussion. The registered manager will tackle issues."
- People told us they were happy to raise any issues or concerns. One person said, "I can speak to a member of staff if anything is wrong." Another person said, "I can talk to the registered manager, have a chat, if I had any complaints I would say."
- The service had received a high score and positive reviews on an independent website of care experiences. The registered manager had replied to all reviews and acted on any issues raised.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to monitor and assess the quality and service and make improvements as identified. This was conducted at both manager and provider level. Regular audits of areas such as medicines, infection control and health and safety were completed.
- There was a defined staffing structure in place. Staff were clear on their roles and responsibilities.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform CQC.

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

- Staff, relatives and people told us the home was well managed. One staff member said, "It's a pleasure to be in work." A relative said, "I think the management is very good. The registered manager is brilliant. Keeps us up to date. All seems to be quite efficient. No concerns."
- There was friendly and positive atmosphere. People we spoke with told us they were happy and content living at the home. A staff member said, "It is nice atmosphere, a good team, working together." Another staff member said, "I am proud of the whole home, all the people I work with are all really hard working. It is a good standard of care."

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 fully understood the responsibilities under the duty of candour legislation, to be open honest when things had gone wrong.
- Relatives told us communication was good. A relative said, "I speak to them [managers] on a regular basis. Staff are friendly. Anything I raise gets dealt with quickly."

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

- Meetings were held with people to gain their feedback. The service was open and shared decisions about the service with people. One person said, "We have residents' meetings, they tell you about what's going on. Any complaints, they make a note and sort it out."
- Feedback was gained from visitors and relatives through questionnaires and electronic systems. A relative said, "I have given feedback once or twice online, on the screen at the entrance." Actions were taken from

feedback gained.

- There were effective communication systems within the staff team. This included meetings, handovers and written documentation. A regular newsletter shared information and news with families and stakeholders.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with people, health professionals and families. A relative said about an issue that had occurred with their family member, "Management made us aware of what was going on and were keen for us to know how they'd dealt with it."
- The service had regular volunteers who assisted in the support of activities with people. A staff member told us how people benefitted from this. For example, by volunteers reading with people or doing craft activities.
- The service had developed links with different religious organisations to support people's needs. A regular service was offered at the home.