Kitnocks Specialist Care Limited

Kitnocks House

Inspection report

Wickham Road
Curdridge
Southampton
Hampshire
SO32 2HG

Tel: 01489798244

Date of inspection visit:
13 July 2017
18 July 2017

Date of publication:
18 August 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 13 and 18 July 2017 and was unannounced. Kitnocks House is a nursing home that provides accommodation and support for up to 63 older people. At the time of our inspection there were 57 people living at the home. People living at the home had high complex support needs in relation to their diagnosis of dementia, mental health conditions, learning disabilities and physical disabilities.

At the last inspection in October 2014, the service was rated Good overall. At this inspection we found that they remained good.

The home had a registered manager who has been registered since June 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People felt safe living at Kitnocks House and risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at Kitnocks House to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were supported to take their medicines safely from suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role. New staff completed an induction programme before being permitted to work unsupervised.

Staff sought consent from people before providing care and support. The ability of people to make decisions was assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully.

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

People were cared for with kindness, compassion and sensitivity. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. There were appropriate management arrangements in place. Regular audits of the service were carried out to assess and monitor the quality of the service.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Kitnocks House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 and 18 July 2017 and was unannounced. The inspection team consisted of one inspector, a specialist advisor in the care of older people living with dementia 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 kind of service.

Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We observed care and support in the home but only four people were able to tell us about their experience of living in the home due to people's complex needs. We spoke with seven visiting family members. We also spoke with the providers Chief Operating Officer, the registered manager, the matron, two occupational therapists, two registered nurses, five care staff, an activities coordinator and the chef.

We looked at care plans and associated records for 12 people, staff duty records, five recruitment files, accidents and incidents, policies and procedures and quality assurance records.

Following our visit we contacted three health and social care professionals to consult with them about their experiences of the service and the care provided to people who used the service.

Good

Is the service safe?

Our findings

People and their families told us they felt safe living at the home. One person told us, "There are always people around to help". Another person said, "I think I do feel safe here. It is happy here". A family member told us, "I feel she is safe in every way, I am totally happy with the whole set up". Another family member said, "It is safe, as in staff are on the ball. If I think something is not right, they address it straight away". A third family member told us, "I don't worry at all, he's really settled and if anything goes wrong they will tell me".

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "I had training on safeguarding a couple of months ago and if I was concerned I would report it to the nurse in charge or management". The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse. Where safeguarding concerns were identified, senior staff conducted thorough investigations and took action to keep people safe. A health professional told us, "The home works well with me and informs me of situations regarding clients. A good example of this is when the home has a safeguarding concern they will ring me to ensure that I am involved".

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risk of harm. Staff understood people's risk assessments which were monitored and reviewed monthly. These included environmental risks and any risks due to health and the support needs of the person. Risk assessments were also available for moving and handling, use of equipment, medicines, dementia and falls. Care plans contained detailed risk assessments. For example, one person sometimes had difficulty recognising their family and friends or could become upset and distressed from seeing their reflection in the mirror. The action plan provided detailed guidance for staff on steps to take to ensure staff communicated with the person in an appropriate manor. Staff had also removed the mirrors from their bedroom so as not to cause distress about their reflection.

Risk assessments were also available for assessing the community. We spoke to a staff member about risk assessments who told us about one risk assessment they had completed. They said, "We conduct preliminary risks assessment which involved taking them to a local garden centre, a fifteen minute drive and observing how they get along. Upon return a discussion ensued….is one escort enough… or two more…or decides if one driver and two escorts or three escorts and one driver are adequate in taking someone out depending on their presenting risk. Risk also takes in consideration place, venue, location and time of day. Quiet time of the day, not very crowded and other things such as things like availability of toilet facilities, coffee machines are also carefully considered".

Staff were knowledgeable about how to protect people who may display behaviours that challenge others and explained the risks associated with people's care. A health professional told us, "Kitnocks House are providing care for patients with complex needs, but appear to do this safely and keep risk to a minimal". Another health professional said, "Staff have shown me appropriate risk assessment in meeting patient needs, when they are concerned they will fax us their safeguarding issues and seek our support in

appropriate ways to minimise risks".

Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. People had individualised evacuation plans in case of an emergency. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately. The home had a business continuity plan in case of emergencies. This covered eventualities in case people had to leave the home due to an emergency situation.

There were sufficient staff deployed to meet people's care needs. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. Absence and sickness were covered by permanent staff working additional hours or the use of regular agency staff. This meant people were cared for by staff who knew them and understood their needs.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the home. Checks to confirm qualified nursing staff were correctly registered with the Nursing and midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

People were supported to receive their medicines safely. Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Training records showed only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. There were appropriate arrangements in place for the recording and administering of prescribed medicines. There were also effective processes for the ordering of stock and checking stock into the home to ensure the medicines provided for people were correct. Stocks of medicines matched the records which meant all medicines were accounted for. Staff supported people to take their medicine in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them. Some people needed 'as required' (PRN) medicines for pain or anxiety. People had guidance in their care plans to help staff identify when they required (PRN) medicines.

Good

Is the service effective?

Our findings

People and their families felt well cared for by staff that were well trained and understood their needs. One person said, "I feel well looked after, given food and all my personal care is taken care of". A family member told us, "Overall staff here are well trained, new people obviously have to learn, but this seems to be done quickly". Another family member said, "The staff are always doing courses and I'm impressed how quickly the new ones pick up the job". A health professional told us, "Staff appear to have good knowledge in patient care and treatment. They discussed with us treatment and approaches that they have tried which are appropriate and evidence based. Staff demonstrates high patient level of care which are effective in meeting patient needs".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range of training and told us they were supported to complete any additional training they requested. One staff member said, "Training is really good and always up to date. We have a profile for on line training and it lets us know when training is due." Another staff member said, "I have done courses that had modules related to dementia care for example my level 3 NVQ in health and social care and the NAPA course both had sections that focussed on dementia care and treatment. I feel confident as a result of the knowledge gained from those courses added to personal experiences gained over the years, to work with residents with a diagnosis of dementia". NAPPA stands for National Association for Providers of Activities for older people.

New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.

People were supported by staff who had supervisions (one to one meeting) and an annual appraisal with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they may have. One staff member told us, "Supervisions are every six weeks, if you any issues you can discuss these and also ask for any extra training or support".

Staff told us they had received training in relation to the Mental Capacity Act (MCA) 2005. The 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. Staff were able to demonstrate understanding of the main principles of the MCA and how these related to people using the service. For example, a member of staff told us, "Consent can ask in many different ways doesn't always have to be verbal, can be written down or in their best interest".

Before providing care, staff sought verbal consent from people and gave them time to respond. One person

told us, "The staff ask my permission before doing anything". Where people had capacity to make certain decisions, these were recorded and signed by the person. A health professional told us, "From my work it would seem that the service does take into account a person's capacity and consent". Another health professional said, "Staff complete MCA on each patient and allow them to make choices which they are able to make and acts as the advocacy when appropriate".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Relevant applications for a DoLS had been submitted by the home and had either been authorised or were waiting to be assessed by the local authority. Staff were aware of the support required by people who were subject to DoLS to keep them safe and protect their rights.

People told us they liked the food and were able to make choices. One person told us, "The choice of food is good here and the food is good". Staff were all aware of people's dietary needs and preferences and people's needs and preferences were clearly recorded in their care plans. People received varied and nutritious meals including a choice of fresh food and drinks. There was a choice of two hot meals and a vegetarian option at lunch time and a choice of two different puddings. If people did not want the choice on the menu they could chose an alternative. Staff walked round the home in the morning and spoke to people about what was on the menu that day. The chef was aware that some people could change their mind or forget what they ordered and this was taken into account when preparing the food.

Staff were aware of the risks of malnutrition and dehydration and these were effectively managed. People's weights were monitored regularly and records showed that professional advice was sought promptly in the event of sudden or unexplained weight loss. Staff were attentive to people, offering them additional portions and encouragement to eat. People on specialist diets were identified.

Records showed that people were supported to have access to healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP, chiropody and community mental health services. A family member told us, "I was called when my wife had a back problem. By the time I got here, they had already decided that they were not happy and had already called an ambulance. I was very impressed". Another family member said, "They are pretty good nurses and they tell you straight away. If she is unwell they get the doctor in straight away".

Staff worked well with health professionals. One health professional told us, "Staff ensure all patients have regular review with us and also try to ensure that patient's make healthy life style choices. Staff manage some very complex patients effectively". Another health professional said, "Staff are always prepared for our reviews and they have documentation ready for us to review. Staff will follow our recommendations and are happy to feedback the outcomes. Staff are aware of there up to date presentation and aware of any risks and concerns they wish to discuss".

The environment was appropriate for the care of people living there. The home had been decorated and accessorised to provide a positive and suitable environment for people living with dementia. This followed the best practice guidance on providing environments which were both safe but also provided opportunities for people to explore and encouraged memories. The home was also suitable to meet the physical care needs of people with corridors, doorways and bedrooms large enough for the use of any specialist equipment required. Individual bedrooms had been personalised to meet the preferences of the person

living there. People were able to bring in items of their own including furniture to make their rooms feel homely and familiar. The building was easy to navigate and good signage was used around the home. Good lighting levels, bright colour schemes and pictures placed at appropriate heights were used to create an environment suitable for people living with dementia.

Good

Is the service caring?

Our findings

People and their families praised staff and told us people were treated with kindness and compassion. One person told us, "Staff make you feel comfortable, they are good to me". Another person said, "I don't feel imposed upon; your life is your own as much as it can be". Other comments included, "I like the staff they are a good set of people". As well as, "It's a nice place, I like being here". A family member told us, "So far we are pleased with everything and about how our relative is being cared for". Another family member said, "There are not enough superlatives to express my thoughts on my impression of the home. Getting her here was better than winning the lottery".

Staff built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "We are here for the residents. We have to make this their home. We must be their voice. We also treat visitors like family. We teach them how to perform hand massages for their relatives and things like that. If my parents were alive I would have no problems if they were admitted to a place like this home".

People told us that privacy and dignity was adhered to and we observed care was offered discretely in order to maintain personal dignity. One person told us, "They give me privacy and let me stay in my room if I want to". People's privacy was protected by ensuring all aspects of personal care were provided in their own rooms. One staff member told us, "Make sure doors are shut. Give a choice of shower or bath. Always tell them what you are going to doing, chat to them and make them comfortable. Keep covered when washing". Another staff member said, "Provide privacy with personal care cover with a towel always tell them what I am doing and make sure the door is shut".

People's care records included information about their personal circumstances and how they wished to be supported. When people moved into the home, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received. A family member told us, "I was involved in the care plan with her". Another family member said, "All her likes and dislikes were logged at the beginning". Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes. For one person their care plan stated that they like go shopping in the community every couple of weeks to take their dolls in their pushchair. Staff told us they got great enjoyment from this and looked forward to their trips. For another person they got comfort and enjoyment from the use of a teddy bear and would give the bear to staff in the morning to go to work with staff for the day. Staff would take it around the home with them and report back to the person on how their day of work had progressed. Using a baby doll or teddy bear can be an effective way for a person with any kind of dementia to decrease stress and agitation. Doll therapy can be used to put responsibility, caring and structure back into people's lives.

People and their families were given support when making decisions about their preferences for end of life care. Some staff are trained in and administers Namaste message. This is a style of treatment for people with advanced dementia at the end of their lives. It is based on sensory approaches to engage with people with advanced dementia who are unable to activity participate in visual activities offered and who have

difficulties with communication. Namaste massage was developed to meet the needs of people with advanced dementia to support them with human contact, sensory stimulation and meaningful activity. Namaste massage seeks to engage people with advanced dementia through sensory input, comfort and pleasure.

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. When staff discussed people's care and treatment they were discreet and ensured confidential information could not be overheard.

Good

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. One person told us, "It's a nice place, I like being here". A family member told us, "I think it is 100% quality of care, her needs are definitely met". Another family member said, "I have noticed that the carers adapt with each different person here". Other comments included, "I think the staff understand my wife well", as well as, "The staff know her very well".

People experienced care that was personalised and care plans contained detailed daily routines specific to each person. Care plans provided information about how people wished to receive care and support. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs.

People were involved in their care planning and care plans were reviewed regularly by their key worker. A family member told us, "We have meetings with the family and the team and a yearly assessment. [Staff member's name] the key worker talks us through everything". Another family member said, "The communication is good. I see the key worker daily and talk to her about things". A keyworker is a member of staff who is responsible for working with certain people. One staff member told us, "Care plans updated regularly the nurse lets us know when they have been updated and we can check regularly on the computer". Records of keyworkers meetings showed that everyday life and the home were discussed.

We observed a daily morning meeting. These daily meetings were attended by heads of departments including housekeeping, administration, kitchen and nursing and care staff and were chaired by the matron. This helped ensure that information was shared, and acted upon where necessary. In addition to the meeting there were handovers between staff throughout the day and night to make sure that important information about people's well-being and care needs were handed over to all the staff coming on duty.

The service employed two occupational therapists who were shared with the providers other home. We spoke to the occupational therapists. One of them told us, "One of our goals is to make sure people can go outside or if cared for in bed to have a sitting assessment. We have supplied specialised equipment and chairs so people can go outside and eat in these chairs". They also told us that they provide training for staff on how to position residents in chairs and in bed so residents are comfortable. They said, "We also provide hoist training and pressure prevention training, which has resulted in very few incidents in pressure areas and follows NICE guidelines. Our policy is for staff to check skin at least twice a day".

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. A family member told us, "Staff take him out once a month to a garden centre, for tea and cake". Organised activities were held in the morning and afternoon. These included card games, bingo, reminiscence and manicures. There were good links with the local community. The service provided a mini bus which took people out on a Monday, Wednesday and Friday morning. Staff told us the mini bus could also be used to take people to visit their families if their

families were unable to make it into the home.

We spoke to one of the activities coordinator who told us, "Activities combine a mixture of physical exercises and mental stimulation. We try to get residents actively involved and to partake in these sessions. We had a miniature pony visit last month which was a huge success and a big hit with the residents". We asked them about people who were unable to attend activities and were cared for in their room. They told us, "We communicate via individual sessions. We read the newspapers to them or do hand massages, sensory activities, famous faces cards, one to one chat whatever their preference or mood or feelings at that time, even if it's to read the bible to them or just hold their hand".

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. A family member told us, "We get questionnaires and also have a relatives meeting". Another family member said, "I was asked for feedback about a couple of trainee nurses that they had. I have also completed questionnaires". Residents' meetings were held regularly and people's families were also invited to attend. The registered manager also sought feedback through the use of a quality assurance questionnaire which was sent to people living at the home and their relatives. These were sent out every two months with a different theme in relation to our key lines of enquiry the most recent questionnaire gathered views on caring. People living at the home that took part in survey agreed they were happy with the care they receive and that staff were caring, kind and supportive. Results received from people's families were mostly positive. Comments included; 'I am so happy that my husband is living at Kitnocks House. The staff are so wonderful and helpful both to [person's name] and me. I can't fault anything or anyone and I thank god every day that [person's name] is being taken care of here.' As well as, 'Knowing your relative is receiving the best care available not only helps them but also helps the family involved.'

People knew how to make comments about the service and the complaints procedure was prominently displayed. One person told us, "I would tell sister or staff if I had a compliant, and I am sure they would do something". Another person said, "I would complain if I wasn't happy and it would all be okay". A family member said, "I would complain if necessary, but I just have to say something and they sort it out". Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy. The registered manager described the process they would follow as detailed in their procedure.

Good

Is the service well-led?

Our findings

People felt the home was well led. One person told us, "I do think it is very well managed and I am looked after well". Another person said, "The management are good". A family member told us, "As far as I am concerned the home is well managed". Another family member said, "I think its lovely home, really do". Other comments included, "I think on the whole it is well managed here." As well as, "I have never found anything to have a gripe about".

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. Staff were supported and encouraged to raise incidents. For example, staff were encouraged to report medicine errors and records stated, 'Never hide a mistake. Report the error to the manager and the GP. Monitor and take hourly observations. Document the incident fully. Reflect on anything that could have prevented it'.

Staff were positive about the support they received from the registered manager and management within the home. One staff member told us, "I feel I can talk to management". Another staff member said, "Really supportive management who listen to us". Other comments included, "Management are very approachable and supportive with issues related to meeting training needs".

The registered manager was supported by the provider's chief operating officer. They told us, "We are advertised as a specialist home hence we must be skilled in dealing with the kind of residents that we are expected to care for". They also told us, "My role is to ensure that staff are adequately trained and competent and confident to perform what is expected of them. We needed to work on the things that were important to staff and to retain their services, like adequate pay remuneration. Stability and structure changes had to be made. We introduced the senior nurse position into the structure with pay remunerations that benefited the role, responsibility and expectation of the individual staff member. This brought accountability to the service".

Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. One staff member told us, "Staff meetings are monthly use to be a large meeting but now we have smaller floor meetings which are better". Concerns from staff were followed up quickly. Staff were involved in the running of the home and were asked for ideas.

The registered manager and other senior staff working in the home used a system of audits to monitor and assess the quality of the service provided. These included medicines, wounds, infection control, health and safety, equipment and wheelchairs. Where issues were identified, remedial action was taken. In addition to the audits monthly quality assurance meetings were held where risk management and audits were discussed.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It

also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The registered manager informed us they kept up to date by attending training as part of their revalidation as a registered nurse. As well as reading publications and passing on information to their teams.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm.