Kitnocks Specialist Care Limited

Kitnocks House

Inspection report

Wickham Road
Curdridge
Southampton
Hampshire
SO32 2HG

Tel: 01489798244

Date of inspection visit:
02 November 2020
12 November 2020

Date of publication:
17 February 2021

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Kitnocks House is a nursing home providing personal and nursing care to 63 people. 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 time of the inspection, staff were caring for 62 people.

People's experience of using this service and what we found
The management team and staff were not always following all of the Government guidance aimed at preventing and controlling COVID 19. Infection prevention and control practice was safe. Further work was required to improve safety around social distancing for staff working at the service. However, when this was discussed with the provider they took action to address this including discussions with staff and improving signage.

Relatives felt their loved ones were safe living at Kitnocks House and they were very much at the heart of the service. We received consistent positive feedback from relatives and professionals.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed. However, where topical medicines were prescribed these were not always recorded.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Most staff felt supported in their role, however morale was currently low due to the high use of agency staff.

Regular audits were carried out to assess and monitor the quality of the service. There were appropriate management arrangements in place and relatives were positive about the management in the home.

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

Rating at last inspection
The last rating for this service was good (published 17 August 2017).

Why we inspected
The inspection was prompted in part due to concerns received about risks to a person's skin integrity, staffing, covert medicines, fire training, low morale amongst staff and concerns or complaints not being dealt with. A decision was made for us to inspect and examine those risks.

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 coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kitnocks House on our website at www.cqc.org.uk.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Kitnocks 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 Care Act 2014.

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 undertaken by two inspectors. There was an expert by experience, who was not on site but who carried out phone calls on the 04 November 2020. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this kind of service.

Service and service type
Kitnocks House 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 reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection
Some people were not able to fully share with us their experiences of using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We reviewed a range of records. This included care records for five people and multiple medicine records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We spoke to the registered manager, quality and compliance control manager, nominated individual, head housekeeper and five members of staff.

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. We received feedback from 17 relatives and a further eight staff members. We also received feedback from three health and care professionals.

Good

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.

Preventing and controlling infection

● We were not assured that the provider was consistently meeting shielding and social distancing rules. During the inspection we observed four staff members sat in the garden smoking together with no masks on. Exhaling cigarette smoke would increase the distance travelled of droplets. We spoke with the housekeeping manager and compliance manager who informed us, the staff worked in a bubble, so it was okay. This put people at risk as the staff members would meet different family members and friends outside of work and could pass on infections by not following social distancing rules.
● While we were talking to the management team at the service we observed another member of the team in the room also not following social distancing measures.
● The government has published guidance on what care homes must do to ensure that people, staff and visitors are kept safe. We looked at the providers policies regarding COVID-19. We could not see anything specific about social distancing during breaks but their COVID 19 winter contingency plan states 'Are staff aware of the behaviour that is expected of them to protect themselves and others from COVID 19 and the general advice from Government on social distancing and hygiene'. It was confirmed in the plan that staff had received training specific to COVID 19 and social distancing.
● We were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Cleaning schedules in each room had one signature per day to cover all cleaning, including high touch points. The contingency plan says, 'Put in place monitoring and supervision of housekeeping team to ensure they are following controls and the cleaning regimes are implemented'. We spoke with the head housekeeper and staff who all told us they did it all the time, so they were confident it was being done very regularly.
● Following the inspection, the provider spoke to staff and implemented social distance markers in the smoking area to ensure staff could take breaks outside at a safe distance. They had confirmed this in writing to all staff. They also confirmed they had made an error about work bubbles and have spoken to staff in relation to this.

● 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 accessing testing for people using the service and staff.
● We were assured that the provider was preventing visitors from catching and spreading infections.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

● Relatives told us their family members were kept safe at the service. One relative told us, "They are very aware of how Dad is that day, they work closely with him. He was under a section, and came from a secure ward, he needed to be somewhere he could be safe. He is safe, he's not trying to leave which is due largely to what they are doing". Another relative said, "They keep a close eye on him".
● Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
● Staff had the knowledge and confidence to identify safeguarding concerns and act on them and knew how to whistle blow. Staff were required to complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff had responded appropriately to any allegation of abuse.

Assessing risk, safety monitoring and management
●We received concerns that someone was not in the appropriate bed which was causing their skin to breakdown. The initial assessment the provider received did not state that a new bed was required. However, the provider had purchased them a specialised new bed to make them more comfortable. We found no evidence that the person had received any skin breakdown and their skin integrity was intact. Staff we spoke with all told us they had no concerns about people's skin integrity. One staff member told us, "All pressure areas are dealt with as soon as they become present and work closely with all our colleagues to prevent such occurrences".
● Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. A professional told us, "When the client was discharged to the placement, they proactively liaised with me and the nurses on the previous ward to seek advice and tips into how to manage client's behaviour and support needs".
● Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm and fire doors. 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 a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

Staffing and recruitment
● Relatives felt staffing levels were sufficient. One relative told us, "Whenever we go there are adequate staff. Always two staff in the communal room. If you need someone you can find someone".
● Staff rotas were planned in advance and reflected the assessed staffing needs which we observed during the inspection.
● Staff felt there were enough staff on shift to meet people's needs. However, there was a very high use of agency staff especially during the night shifts. The provider had recently recruited more staff for day shifts and were currently trying to recruit more staff for night shifts. A lot of the agency staff had been at the home a long time working purely at Kitnocks House and not moving around services in order to prevent the transmission or spread of COVID 19.
● Recruitment processes checked staff for suitability before being employed by the service. Staff records included an application form, 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.

Using medicines safely
● Relatives felt medicines were administered safely. One relative told us, "People with Dementia like to move around, lots of homes use medication, this one if someone is upset, they take them out for a walk in the garden, they specialise in Dementia". Another relative said, "There are no issues regarding medication, I

am kept informed of any changes".

● However, we found that staff did not always record on people's MAR when they had administered their topical creams. we therefore could not be assured that people always had their creams administered when required. We spoke with the registered manager who agreed improvements were needed and were going to add to the medicine audits and speak to staff to ensure they were being recorded.

● We received concerns that people were given medicines hidden in their food without the appropriate records in place. We reviewed the records of people who were on covert medicines and felt assured that relevant procedures had been followed

● There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.

●The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when these medicines had been given.

● There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Learning lessons when things go wrong

● The registered manager had systems for monitoring incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends. Following incidents, they had made changes to minimise the chance of the incident happening again.

Good

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.

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

- Relatives we spoke with were happy with the management at the service. One relative told us, "The manager is very helpful, people on the phone can't do enough". Another relative said, "The managers are very supportive and helpful".
- During the inspection the registered manager, management and the provider were always available to discuss any matters arising from the inspection and were approachable. Most staff we spoke with told us management were approachable and that they operated and open-door policy.
- The registered manager and senior staff used a series of audits to monitor the service. These included audits of medicines, care plans, infection control, health and safety, falls and daily walks around the home. However, improvements were needed to identify the issues we found during the inspection. The registered manager informed us they would add topical medicines to the medicine audit.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Before the inspection we received concerns about low staff morale amongst staff and that some night staff had left the service..
- During the inspection we spoke with staff and some staff felt morale was low and this was due to the high use of agency staff used during the night shifts. One staff member told us, "The main concern is that they have not been able to retain permanent staff which has meant using more agency staff. This has put pressure on the remaining permanent staff". Another staff member said, "Staff morale is currently low due to not having many permanent staff, however the situation is slowly improving as the managers are employing new staff and some of the old workers are coming back to Kitnocks".
- Most of the staff we spoke with felt supported in their role. One staff member told us, "If I have any issues or concerns, I can approach any member of staff for advice and support". Another staff member said, "I feel supported by the nursing team and my colleagues and I am very grateful that I have been given the opportunity to work in such a team". However, a couple of staff didn't feel supported by management and told us, "Concerns over management, this could be better. Lack of communication and support". Another staff member said, "Colleagues support each other but don't feel supported by management". Staff were awarded bonuses and gift vouchers to thank them for their hard work during this pandemic.
- During the COVID-19 pandemic, regular resident and relative meetings had been stopped to keep people safe. However, the service had been making video calls to relatives to keep them updated. Most relatives we spoke with felt communication had been sufficient during the current pandemic. A recent quality

questionnaire had been sent to relatives to gain feedback and the service was waiting for the results at the time of the inspection.

● The registered manager informed us that regular staff meetings had not taken place, but smaller group meetings with staff had taken place on the floors staff were working on. Staff confirmed these had taken place.

● The service worked in close partnership with health and support services. One professional told us, "They work collaboratively with us to prioritise patient's need to be discharged, I understand they communicate well with relatives and ward teams". Another professional said, "Kitnocks staff group are open and engaged in the assessment process before admission. Feedback following admission is good and regular and reasonable. I am able to communicate with Unit manager, nurse in charge and support staff to get a broader picture". Another stated, "They work in partnership with me during the client's care and support plan review. They acknowledge my care and support plan whilst integrating it into theirs to ensure the client's needs are met. They inform me if they have any concerns with the client's support needs which will then be resolved by all professionals involved and the family".

● Care records showed people who used the service had access to specialist services for example, GP, physiotherapists, opticians, podiatrist, dentists, and the community mental health team. In nutritional assessments, where necessary, people had access to specialists such as dieticians or speech and language therapists.

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

● Relatives were happy with the service. One relative told us, "They make sure he's okay, they look after him well. The activities organiser often [video calls] me using her own phone, I can see my father". Another relative said, "They are doing all they can. One home she was in lasted two hours, the difference here is vast. They can't do enough for her". Another relative said, "They asked about his routine, they've reacted, he's not been forced to fit in. Dad is treated as an individual".

● Professionals we spoke with praised the service. One professional told us, "Kitnocks offers a service unavailable elsewhere in Hampshire to meet the needs of older people with challenging behaviours as a result of mental health issues. Kitnocks are clear on what they can and cannot manage and on only one occasion have they been unable to manage the needs of a patient of mine. I hold Kitnocks care to be of a higher quality than other Tier 4 homes in the area".

● Management and staff, we spoke with felt passionate about providing person centred care for the people they look after. We were given many examples by relatives of person-centred care achieving good outcomes for people. Care plans we looked at were very detailed and person centred.

● The provider had recently won an award in the Health Investor 2020 awards. The provider had been named, 'Best Complex Care Provider' of the year in the UK.

● There was an open and transparent culture in the service. The provider notified the Care Quality Commission of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. The previous inspection report was clearly displayed. Staff were supported and encouraged to raise incidents.

● The provider had appropriate polices in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment should people came to harm.