

# Caring Homes Healthcare Group Limited

# Kippingtons Nursing Home

## Inspection report

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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

We inspected the service on 25 January 2019. The inspection was unannounced.

Kippingtons Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Kippingtons Nursing Home is registered to provide accommodation, nursing and personal care for 55 older people and people who live with dementia. There were 46 older people living in the service at the time of our inspection visit.

The service was run by a company who was the registered provider. There was a registered manager in post. 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. In this report when we speak about both the registered provider and the registered manager we refer to them as being, 'the registered persons'.

At the last comprehensive inspection on 20/21 June 2016 the overall rating of the service was, 'Good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found that the service remained, 'Good'.

People continued to be safeguarded from situations in which they may be at risk of experiencing abuse. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. Medicines were managed safely. There were enough nurses and care staff to provide people with the care they needed. Background checks had been completed before new care staff had been appointed. Suitable provision had been made to prevent and control infection and lessons had been learned when things had gone wrong.

Care continued to be delivered in line with national guidance and nurses and care staff had the knowledge and skills they needed to promote positive outcomes for people. People were supported to eat and drink enough to have a balanced diet. Suitable arrangements had been made to ensure that people received coordinated care when they used or moved between different services and they had been helped to access healthcare services. People were supported to have maximum choice and control of their lives. The registered persons had also taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible. Policies and systems in the service supported this practice. The

accommodation was designed, adapted and decorated to meet people's needs. Older parts of the accommodation were being refurbished.

People continued to be treated with kindness, respect and compassion. They had also been supported to express their views about things that were important to them. This included them having access to lay advocates if necessary. Confidential information was kept private.

People continued to receive personalised care that promoted their independence. Information had been presented to them in an accessible way so that they could make and review decisions about the care they received. The registered manager, nurses and care staff recognised the importance of promoting equality and diversity. People were offered opportunities to pursue their hobbies and interests and there were plans to further develop the calendar of social activities. Complaints were promptly resolved to improve the quality of care. People were supported at the end of their life to have a comfortable, dignified and pain-free death.

The registered manager had continued to promote an open and inclusive culture in the service to ensure that regulatory requirements were met. People who lived in the service, their relatives, nurses and care staff were actively engaged in developing the service. There were systems and procedures to enable the service to learn, improve and assure its sustainability. The registered manager was actively working in partnership with other agencies to support the development of joined-up care.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Kippingtons Nursing Home

## 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 was planned to check whether the registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided by the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 25 January 2019 and the inspection was unannounced. The inspection team comprised an inspector, specialist professional advisor and an expert by experience. The specialist professional advisor was a nurse. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

We spoke with 12 people who lived in the service and with six relatives. We also spoke with a nurse, three care workers, the chef, the maintenance manager, one of the housekeepers and the administrator. In addition to this, we met with the deputy manager, registered manager and regional manager. We examined documents and records that described how nursing and personal care had been provided for eight people. We also examined documents and records relating to how the service was run including health and safety, the management of medicines, obtaining consent and the delivery of training. In addition to this, we examined the systems and processes used to assess, monitor and evaluate the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of three people who lived with dementia and who could not speak with us.

# Is the service safe?

## Our findings

People felt safe using the service. A person said, "The staff here are fine with me and I feel relaxed in their company." A relative remarked, "The staff are very dedicated and caring. Not just the carers but the manager as well."

People were safeguarded from situations in which they may be at risk of experiencing abuse. Nurses and care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. People were helped in the right way if they were at risk of developing sore skin or if they needed assistance to promote their continence. They also were safely helped if they experienced reduced mobility and needed assistance to move about. The accommodation was fitted with a modern fire safety system to detect and contain fire so that people could be kept safe.

Medicines were ordered, stored, administered and disposed of in line with national guidance. Medicines were administered by nurses. They had received training and had been assessed by the registered manager to be competent to safely complete this task. We saw medicines being offered to people in the right way.

During our inspection visit enough nurses and care staff were on duty to enable people to promptly receive all the care they needed. Records showed that there had been the same number of staff on duty during the two weeks preceding our inspection visit.

Safe recruitment practices were in place to ensure that only suitable people were employed to work in the service. These included obtaining references and a 'police check' from the Disclosure and Barring Service to establish applicants' previous good conduct.

Steps had been taken to prevent and control infection. Nurses and care staff used disposable gloves and aprons when necessary and understood the importance of promoting good standards of hygiene.

Lessons had been learned when things had gone wrong. There were robust arrangements to analyse accidents and near misses so that action could be taken to reduce the chance of the same things from happening again.

## Is the service effective?

### Our findings

People and their relatives were confident that nurses and care staff knew what they were doing and had their best interests at heart. A relative said "I have every confidence in the staffs' abilities. The effort that they put in is above expectation."

The registered manager had assessed people's needs and choices before they moved in so that care achieved effective outcomes in line with national guidance. Nurses and care staff had received introductory training before they provided people with care. They had also received on-going refresher training and guidance to keep their knowledge and skills up to date. The subjects included how to safely assist people who experienced reduced mobility and how to support people who lived with health care conditions.

Nurses and care staff knew how to care for people in the right way. This included helping people to safely manage health care conditions. It also included helping people who lived with dementia if they became distressed so they did not place themselves and others around them at risk of harm.

People who needed help to eat and drink enough were assisted in the way they preferred. There was a choice of dish available at each meal time. People could choose to eat their meals in the dining rooms or in the privacy of their bedrooms. When necessary nurses and care staff provided people with individual assistance to eat and drink. Nurses and care staff specially checked how much some people were eating and drinking to make sure they were having a balanced diet. Advice from healthcare professionals had been sought and followed if people were at risk of choking. This included specially preparing food and drinks so that they were easier to swallow.

Suitable arrangements were in place so that people received coordinated care and had prompt access to healthcare resources. This included the registered manager liaising with a people's relatives if transport arrangements needed to be made for the person to attend a hospital appointment or if a doctor's appointment needed to be made on their behalf.

The Mental Capacity Act 2005 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 with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. People had been supported to make decisions for themselves. When people lacked mental capacity the

registered manager had ensured that decisions were made in people's best interests. When necessary, the registered manager had made applications for DoLS authorisations to ensure that people who lived in the service only received lawful care that was the least restrictive possible.

The accommodation was designed, adapted and decorated to meet people's needs and expectations. There was an ongoing programme of improvements to refurbish older parts of the accommodation.



## Is the service caring?

### Our findings

People were positive about the care they received. One of them said, "The staff are very helpful and considerate in their manner." A relative remarked, "I find the staff to be welcoming while being professional at the same time."

We witnessed a lot of positive conversations that promoted people's wellbeing. For example, we saw a member of care staff sitting with a person in their bedroom where they were answering questions on a television quiz programme.

Nurses and care staff were considerate and recognised that people benefited from being supported to personalise their home. We saw that each person had been encouraged to decorate their bedroom with pictures and ornaments they had chosen.

People had been supported to express their views and be as actively involved as possible in making decisions about things that were important to them. Most of the people had family and friends who could support them to express their preferences. Relatives told us that the registered manager and deputy manager had encouraged their involvement by liaising with them on a regular basis. The registered manager had also developed links with local lay advocacy resources. Lay advocates are independent of the service and can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. Nurses and care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. We also saw nurses and care staff knocking and waiting for permission before going into rooms that were in use.

People could spend time with relatives and with health and social care professionals in private if this was their wish. Care staff had assisted people to keep in touch with their relatives by post, telephone and visits.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

## Is the service responsive?

### Our findings

People and their relatives told us that nurses and care staff provided them with all the practical assistance they needed. A relative said, "The nurses and care staff are very willing and they want to give people the help they need and to make this place a home from home."

People received a wide range of practical assistance that met their needs and expectations. This included assistance with washing, dressing, changing their clothes and maintaining their personal hygiene. Nurses and care staff had consulted with people and their relatives about the care they wanted to be provided and had recorded the results in an individual care plan. Parts of the care plans presented information in an accessible way using pictures and diagrams. This helped people to make and review decisions about the care they received. The care plans had been regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Care staff recognised the importance of respecting people's individuality. A person said, "I do feel that I'm treated as an individual as the staff have made an effort to find out how I like things to be done" This included supporting people who wished to meet their spiritual needs through religious observance. Nurses and care staff also recognised the importance of appropriately supporting people if they adopted gay, lesbian, bisexual, transgender or intersex life-course identities.

People had been supported to pursue their hobbies and interests. There was an activities coordinator who invited people to contribute to group activities such as singing and gentle exercises. They also visited people who principally received care in their bedrooms. The regional manager informed us that there were plans to further extend the calendar of social activities. The steps included recruiting a second activities coordinator to increase the overall number of hours for delivering social activities. They also included providing more guidance and support for the activities coordinators about how best to offer people individual and imaginative opportunities to pursue their hobbies and interests.

People's complaints were promptly resolved to improve the quality of care. People had been informed about how to make a complaint. There was a procedure for the registered manager to follow when investigating a complaint. The registered manager said that one complaint had been received in the 12 months preceding our inspection visit. Records showed that the complaint had been investigated properly and resolved to the satisfaction of the complainant.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. The service was working towards accreditation by a nationally recognised scheme that is designed to ensure that people are cared for in the right way at the end of their life.

## Is the service well-led?

### Our findings

People considered the service to be well run. One of them told us, "It's pretty ship-shape here and things are well run." Relatives were also complimentary with one of them remarking, "Everything I have witnessed is a yes, a big yes."

There was a registered manager in post who had promoted an open and inclusive culture in the service. Nurses and care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The service complied with regulatory requirements. Nurses and care staff were clear about their responsibilities and there was a senior member of staff on call during out of office hours to give advice and assistance. Nurses and care staff had been invited to attend regular staff meetings to develop their ability to work together as a team. Furthermore, nurses and care staff had been provided with up to date written policies and procedures to give them up to date guidance about their respective roles.

Suitable arrangements had been made for the service to learn, innovate and ensure its sustainability. Records showed that quality checks had regularly been completed to make sure that the service was running smoothly. These checks included making sure that care was being consistently provided in the right way and that people's health and safety was promoted. In addition to this, people who lived in the service, their relatives and staff had been invited to make suggestions about how the service could be improved.

It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating both in the service and on their website.

Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with commissioners so that they quickly knew when a vacancy had arisen so that people could be offered the opportunity to move into the service as soon as possible.