

Kineton Manor Limited

Kineton Manor Nursing Home

Inspection report

Manor Lane
Kineton
Warwick
Warwickshire
CV35 0JT

Date of inspection visit:
23 April 2019
25 April 2019

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30 May 2019

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Kineton Manor Nursing Home provides accommodation, nursing and personal care for up to 51 older people, who may have dementia. There were 51 people living at the home at the time of our inspection.

People's experience of using this service:

At our last inspection in May 2016, the service was rated requires outstanding overall. The key questions for safe, effective and responsive were rated good and the key questions caring and well-led were rated outstanding. At this inspection we found the evidence continued to support the rating of outstanding. The continuous improvement in the service had resulted in a further outstanding rating for the responsive key question.

People told us that they were extremely happy with the service they received. They praised the atmosphere within the home and spoke of the dedication of both managers and the wider staff team.

The service was led by a highly motivated and compassionate registered manager who continued to explore ways to improve the service to ensure people received high quality care. Staff were proud to work at Kineton Manor and spoke very positively about the guidance and motivation provided by the registered manager and the senior staff team.

There were enough highly trained and skilled staff to meet people's needs. There was a strong commitment to providing staff with the opportunities to develop in their role and take extra qualifications.

Staff spoke about people in a very compassionate manner, were knowledgeable about people's history and background and valued them as individuals. People were respected for who they were and staff understood the importance of protecting people's rights in line with equality legislation.

The service offered people opportunities to meet their individual cultural, psychological, spiritual, emotional and social needs, whatever their abilities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff worked in partnership with a multi-disciplinary team to enable people to live healthier lives or to manage long term medical conditions. The registered manager and staff continued to demonstrate an extremely strong commitment to supporting people and their relatives before and after death.

The provider's policies and procedures protected people's rights and enabled them to live safely, free from abuse, neglect and discrimination. Risks to people in their daily lives were assessed and plans were in place to reduce these. People's medicines were managed safely and infection control procedures protected people from the risks of cross infection.

People were supported to maintain a healthy diet. Meal times were social occasions and people had a choice of meals.

The provider used a range of strategies to check people and their relatives were satisfied and confident in the standard of care provided within the home. The service had systems to continuously monitor, assess and improve the service provided.

The provider was a member of several good practice initiatives and research projects where they worked in partnership with other organisations to make sure they were following current best practice. Knowledge was shared to improve outcomes for people in the wider care sector.

Rating at last inspection:

At our last inspection which was published 19 July 2016, the service was rated outstanding.

Why we inspected:

This inspection took place as part of our planned programme of inspections, based on the rating of outstanding made at our last inspection.

Follow up:

We will continue to monitor this service according to our inspection schedule.

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

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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Kineton Manor Nursing Home

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by two inspectors, a specialist advisor and an expert by experience. A specialist advisor is a qualified health professional. 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: Kineton Manor Nursing Home is a care and nursing 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: The inspection visit took place on 23 April 2019 and continued on 25 April 2019. The first day of the inspection was unannounced.

What we did: Before the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and other professionals who work with the service such as Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. The feedback from these organisations was used in planning for the inspection and helped identify some key lines of enquiry.

To gain people's views and experiences of the service provided, we spoke with nine people who used the service and eight people's relatives/friends. We looked at the care records of eight people who used the service, including risk assessments, care plans and records relating to medicines administration. We also observed the care and support provided and the interaction between people and staff throughout our inspection.

We spoke with the provider and registered manager and 16 members of staff, including the assistant manager, clinical lead nurse, five nurses, care, catering and domestic staff. We also spoke with two visiting healthcare professionals.

We reviewed information the service held about how they monitored the service they provided and assured themselves it was meeting the needs of the people they supported. This included audits, staff training and recruitment records.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider's policies and procedures protected people's rights and enabled them to live safely, free from abuse, neglect and discrimination. One person told us, "Oh yes I feel safe. The kind staff make me feel safe." Another said, "Yes I feel safe. The doors are locked and they take care of me."
- Staff had completed safeguarding training and understood their responsibilities to identify and report any concerns. One staff member told us, "Abuse is undermining someone's dignity and each and every one of us should be respected."
- The registered manager understood their regulatory responsibilities to refer safeguarding concerns to the local authority and CQC as required.

Staffing and recruitment

- There were enough clinical and care staff with the appropriate skills, knowledge and experience to meet people's varying and complex needs.
- Staff worked well as a team to ensure people's needs were met.
- People and relatives were happy with the staffing levels in the home. One person told us, "If I need help staff are there." Another said, "Staff come quick enough when I ring the bell."
- The provider had an effective recruitment process to prevent unsuitable staff working with vulnerable adults.

Assessing risk, safety monitoring and management

- Systems were in place to identify and reduce the risks to the health and wellbeing of people.
- People's individual risk assessments and care plans had been reviewed and updated.
- Staff could explain the steps they took to mitigate harm to people and monitoring records demonstrated people received care in accordance with their care plans. People at risk of skin damage had pressure relieving equipment and were repositioned regularly. Any wounds were dressed and monitored in accordance with people's wound management plans. One relative told us, "[Name] is safe because all the safety equipment is there for them, like the mattress."
- Equipment and utilities were serviced in accordance with manufacturers' guidance so they were safe to use.
- Arrangements were in place to ensure people would receive appropriate support in the event of an emergency, such as a fire. This included each person having a personal emergency evacuation plan (PEEP).
- Overall, staff had a good understanding of the provider's policy and expectations in relation to fire safety. Where we identified some issues, the provider took immediate action to resolve them and assured us they would remind staff to maintain good fire safety practice at all times.

Using medicines safely

- Medicines were recorded and administered safely. People received their medicines as prescribed and medicine administration records (MAR) had been completed correctly.
- Medicines that required extra checks because of the risk of abuse were managed in accordance with legal requirements. Where people were prescribed 'as required' medicines, there were protocols in place to ensure they received their medicines when needed.
- Clinical staff responsible for the administration of medicines had completed training and their competency to give medicines safely was regularly re-assessed.
- Medicines were regularly reviewed by the GP to ensure they remained effective and continued to meet people's medical needs.

Preventing and controlling infection

- The service was clean throughout and there were no unpleasant odours. Housekeeping staff took pride in keeping the home well-presented and tidy and people were positive about the levels of cleanliness.
- Staff had received training in infection control and understood their responsibilities to prevent the risk of infections spreading.
- Regular infection control audits supported the registered manager to address any shortfalls promptly. When we found special containers which contained used needles were not stored securely, the registered manager took immediate action to ensure the containers were securely stored.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- The registered manager monitored and analysed accidents, incidents and falls to identify any trends or patterns and ensure, where necessary, appropriate action had been taken to minimise the risks of a reoccurrence.
- There was an open culture in the home where learning from mistakes, incidents and accidents was encouraged. Information on outcomes from complaints, investigations or updates was shared with the staff through individual or group meetings.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

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

- People were assessed before they moved to Kineton Manor to identify their needs and to develop person centred care plans.
- Assessments and care plans ensured people's rights were protected and were completed in line with current guidance, good practice and legislation.

Staff support: induction, training, skills and experience

- People received care from a staff team who were trained to meet people's individual needs. Nurses were supported to maintain and improve their nursing skills.
- New staff received an induction and ongoing training to enable them to carry out their roles which was linked to the Care Certificate. The Care Certificate is the nationally recognised induction standard.
- More experienced staff were encouraged to attend courses that would enhance their personal learning and improve the lives of people in the home. For example, one member of care staff was completing training to give them more detailed and specialised knowledge in Parkinson's. Two members of care staff were being supported by the provider to achieve a nurse associate qualification. A training professional told us, "Every eight weeks I meet with matron and/or management staff to discuss any areas that need training. Matron encourages staff to share what they have learnt on training courses to share good practice."
- Staff received support from the registered manager and nursing staff through regular supervisions and appraisals. Observations of staff practice ensured staff were compliant with the training provided. One staff member told us, "I feel well supported. We have training and can ask for extra if we need something."

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

- People were offered sufficient food and drink to maintain a healthy balanced diet to keep them well.
- The cook and care staff ensured people received a choice of meals that met their dietary and cultural needs and their individual preferences.
- People were asked for their lunch time choices during the morning, but offered alternatives if they changed their mind when they sat down to eat.
- Lunchtime in the dining room was a social experience with tables laid nicely and people offered a choice of drinks, including wine. Some people had lipped plates to enable them to eat independently.
- Where people required prompting and assistance to eat, this was provided on a one to one basis and at the person's own pace.
- Most people were happy with the standard of food provided. One person told us, "It is okay for me. There is enough choice and the portions are enough." A relative said, "I have seen the food and it looks very good."

- Some people were at risk of losing weight. The cook made homemade milkshakes every day which were offered to people at risk. People were referred to health professionals for dietary advice when they were at risk from malnutrition through swallowing difficulties or a lack of appetite.
- People had drinks close to them and were supported by staff when needed. One person said, "I always have a drink available," and another commented, "Staff always give you drinks."

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

- Staff worked in partnership with a multi-disciplinary team to enable people to live healthier lives or to manage long term medical conditions.
- People's needs were continually reviewed. Every week the GP visited people who staff were concerned about, accompanied by the same senior member of staff who knew people well and recognised when their health changed. Once a month the GP reviewed the health of every person so any changes could be responded to promptly.
- The GP performed minor surgical interventions in the home to reduce the need for unnecessary transfers into hospital.
- A visiting professional told us that they were always welcomed into the service and that staff and the management team listened to their suggestions to improve people's care.
- The provider followed a 'red bag policy'. This meant in the event a person had to be admitted to hospital, documents which informed other health professionals about the person's current care plan and any immediate risks to their health and wellbeing were sent with them.

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

- Kineton Manor Nursing Home is an older building that has been decorated and maintained to a high standard with a large well-maintained garden with areas where people could sit and enjoy the fresh air.
- The layout of the communal areas created a homely atmosphere. Furniture in the lounge and dining room had been arranged so people could interact with each other and sit in friendship groups.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's care records included an assessment of their capacity to make decisions. Where people were assessed as lacking capacity, decisions were made with people involved in their care, together with the appropriate professionals, in their best interests.
- Staff had received training in the MCA and DoLS and understood their responsibilities in these areas.
- Staff asked for people's consent before providing any care or support. For example, a staff member asked for consent before helping a person to butter their bread. Another staff member told us, "I always explain to people what I am doing, they cannot always give consent verbally, so I make sure I tell them what's

happening and never force people to do anything if they don't want to."

- DoLS referrals had been raised with the local authority to ensure any restrictions on people's liberty were lawful.

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.

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

At our last inspection, we rated this key question outstanding. At this inspection we found people continued to receive an exceptionally caring service.

Ensuring people are well treated and supported; respecting equality and diversity

- Managers and staff worked in accordance with the philosophy of care at Kineton Manor which was: 'To provide people with a secure, relaxed and homely environment in which their care, well-being and comfort is of prime importance.'
- Staff told us they enjoyed being at work which was reflected in the comments. One person told us, "I am happy here and what makes me happy are the staff. They have a good morning approach and never grumble. It's their attitude that makes it pleasant here." A member of staff explained, "There is a relationship between us because we talk to people. We are a big family at Kineton and we share joy together. When you enter their room, you greet them with a smile and that means the world to them."
- People, relatives and visitors to the home universally spoke of a 'friendly' atmosphere where the whole staff team were caring and compassionate and had time to talk with them. A visitor told us, "The staff are wonderful, very friendly and caring." A relative commented, "From the top down I feel everybody has a caring instinct and everybody is so friendly. Whether it is the way they select staff, but you always feel they have got the right staff to be here."
- Staff spoke about people in a very compassionate manner and cared about people as a family member would. One relative told us a staff member had gone above and beyond what was expected of their role when their family member was too unwell to look after their dog who lived in the home. To promote the person's emotional well-being, the staff member had taken the dog home with them at night and brought it back for the person during the day.
- Each month staff wrote down a 'golden moment' when they had done something special for a person, the winning 'golden moment' receiving an award. The registered manager explained this not only rewarded imaginative and responsive care, but enabled staff to share special moments and see how small gestures could have a massive impact on people's wellbeing.
- Staff consistently took every opportunity to engage with people. This was emphasised by a visiting professional to the home who told us, "Staff are very open and everyone has the time to give assistance and to spend five minutes with you."
- Staff were extremely polite and demonstrated this during their interactions with people at lunch time. When assisting people to eat, they did not engage with other staff, but focussed entirely on the person they were helping.
- To promote a family environment, staff brought their own families into the home to share part of their lives with people. A healthcare professional told us, "The home is part of the community."

- Relatives told us the care and compassion demonstrated by the management and the staff extended to the families of people using the service. One relative shared an example of when they had fallen and sustained a significant injury. They told us, "[Registered manager] organised help for me at home. She came all the time and took me to hospital."
- The registered manager led by example in modelling a sensitive and thoughtful approach to people to make their day better. One relative told us the registered manager had sat with their family member when they found them awake in the middle of the night. When their family member mentioned they would like a particular snack, the registered manager had immediately prepared it for them.
- People were respected for who they were and staff understood the importance of protecting people's rights in line with equality legislation. The home provided a multi-cultural environment where people and staff were treated equitably.
- People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.
- Some relatives continued to volunteer in the home after the death of their family member because of the love and support they had received. One relative told us they regularly visited the home and joined people for lunch which helped them to manage their loneliness.

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

- People felt in control of their own lives because they were given choice and encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. People told us, "When I first came in they sat me down and asked a list of questions so they could learn as much about me as they can" and, "They know what I like and dislike."
- People were consistently asked where they wanted to spend their time or if they wanted to participate in any activities. Staff did not rush people and took time to ensure they listened to and understood people's wishes.
- The registered manager told us where necessary they explored different communication tools to support people to share their views. For example, they had previously used written prompts for a person whose speech had been affected following a stroke.
- Where people needed support to make decisions, staff involved their families or people who knew them well. One relative told us, "Yes we are involved in care plans and we feel listened to during meetings. We have review meetings, any questions we have, we can ask."
- Advocacy services were available for people who were unable to make decisions about their care and support. Advocates are people independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us respect for their privacy and dignity was embedded in staff's approach and always respected.
- Staff knocked on bedroom and bathroom doors before entering and spoke with people in a discreet way about their need for assistance with personal care.
- Although many people were dependant on staff to meet their needs, wherever possible they were encouraged to maintain their independence. For example, at lunch time there were small water jugs on the tables, so people could pour their own drinks. One member of staff told us, "I always try to promote independence and not take over from people." They told us one person preferred their personal care to be provided in a particular way and said, "This takes longer, but it's important as it gives them independence to do what they can and not lose skills." One person told us they enjoyed having some responsibility for the garden and said, "Me and another resident planted some sweet peas in the garden, they encourage us to do

it."

- Many people who lived at Kineton Manor were very frail or unwell and were either cared for in bed or spent most of their time in their bedrooms. Each morning a member of staff was allocated to provide 'Love, Stimulation and Dignity' to ensure those people were not lonely or isolated. This engagement was in the form of manicures and hand massages, reading to people, playing games, encouraging gentle exercises or just chatting. One relative told us their family member preferred to stay in their room but, "Still felt part of it."
- 'Dignity champions' ensured staff worked in a way that promoted people's dignity. When one person became confused between their glass and the water jug, a member of staff quickly and quietly intervened in a very relaxed, reassuring manner that did not bring attention to the person's error.
- Staff understood an important aspect of treating people with dignity and respect was to take time over people's appearance and make them feel valued.

Is the service responsive?

Our findings

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

Outstanding - Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs were assessed to ensure they received a very personalised service which had a positive impact on their wellbeing. A visiting healthcare professional confirmed staff concentrated on providing person-centred care which was responsive to individual needs.
- The registered manager spoke passionately about the importance of responding to people's need to keep their own identity and maintain the life they lived before moving to Kineton Manor. Therefore, wherever possible, people's pets moved into the home with them. One person told us, "I love my armchair next to the window, so I can look out over the garden. [Name of cat] comes and knocks on the window when he wants to come in and I can open the window for him. It is so important to me and I am so happy he lives with me. He sleeps on my bed with me like my old cat used to at home."
- Staff were responsive to changes in people's health and worked in partnership with people to ensure they gained the most from their lives. One person's relative told us the care their family member received had given them, "A better quality of life." Another relative told us staff could provide responsive care because, "They know the people, they know their quirks and all their difficulties." Another told us their family member's wellbeing had improved when they moved to the home and said, "They treated her so well she thrived."
- The service offered people opportunities to meet their individual cultural, psychological, spiritual, emotional and social needs, whatever their abilities.
- Since our last inspection the registered manager had engaged an external consultant to advise on how they could improve activities in the home to ensure people lived interesting and fulfilled lives. People's diverse needs were being met through a range of activities designed to stimulate people with different levels of understanding and cognition.
- The registered manager had recognised some people living with dementia did not experience the full benefits of group activities, particularly if they had difficulties communicating. They had therefore introduced Namaste Care to the home which focused on engaging the senses. Although this was still in its infancy, the use of sensory activity in very small groups had already had a positive impact on some people's wellbeing. More staff were to be trained in Nameste Care, so the project could be further developed.
- The registered manager had recently had a demonstration of a 'Magic Table'. This is an innovative Dutch creation, developed for and with people in the moderate to severe stages of dementia. It is an interactive light game which projects bright and colourful images on to a table top with associated sound effects. The images respond to hand and arm gestures by moving around the table and encourage physical activity and social engagement. The registered manager told us this had been a great success and they had ordered a table so it could be a regular activity.
- People's skills, knowledge and expertise were recognised and celebrated with people encouraged to have ambitions and make future plans. For example, one person had a love of gardening and was involved in

planning the garden, potting and watering some of the plants. Another person had a love of poetry and drama and used to be a member of a poetry group in the local community. When the person became too unwell to attend, the registered manager invited the group to meet at Kineton Manor so the person could still be involved.

- People's religious and spiritual needs were embraced. Some people were practising their faith and were supported by staff to attend the local Church every Sunday for worship services. Other people chose to attend regular faith events provided by priests and ministers who visited the home.
- Relatives particularly spoke of the efforts managers and staff went to, to celebrate special days in the calendar and significant events. For example, in the summer a party had been held at the home to celebrate 30 years since it opened. Staff had ensured people were at the heart of the celebrations.
- Close links with the local community enhanced and benefited people's lives and allowed them to remain active members of the community. For example, staff ensured people were registered to vote in the forthcoming local elections. Pupils from a local school regularly visited the home to engage in activities. Some pupils had spoken with people about their background and achievements and produced 'life histories' for them.
- The service had many volunteers, often relatives of people who had previously been cared for at Kineton Manor, who read to people or befriended a person and visited them for a chat.
- Staff ensured people had the sensory aids they required to support their individual communication needs so they could be fully engaged in the life of the home.

End of life care and support

- The registered manager and staff continued to demonstrate an extremely strong commitment to supporting people and their relatives before and after death and the service was accredited under the Gold Standards Framework (GSF). The GSF is a national framework of tools and tasks that aims to deliver a 'gold standard of care' for all people nearing the end of their lives.
- When people moved to Kineton Manor they were encouraged to discuss and prepare an advanced care plan detailing their wishes and choices for their end of life care. People's health was reviewed regularly to quickly identify those people who were very poorly, so the advanced care plan could be implemented and people received the care they wanted in their final days.
- Staff had received training in supporting people at the end of their life and worked to ensure each person had a dignified and pain free death. They supported relatives to understand what might happen at the end of a person's life to reassure and prepare them. One relative had recently written, "On Sunday I witnessed true kindness in the way we were treated and prepared for what we knew was coming – this was frank but also loving."
- We spoke with three relatives whose family members had recently received end of life care at Kineton Manor. They were all extremely positive about the empathy demonstrated by staff. One relative told us their family member had their dog staying with them and in their final hours a staff member, "Went and found the dog and put it in the bed and his face broke into a wonderful smile. I wouldn't have thought about that, but she did and it was a wonderful thing to do."
- Staff recognised the importance of people's religious and cultural preferences and wishes. Where people wished for religious support in their final hours, this was arranged.
- A discrete sign was placed on a person's bedroom door following their death so staff were aware and could 'say goodbye' if they wished to.
- The registered manager assisted relatives following a death by providing emotional support and practical guidance in completing legal formalities.
- When a person had received end of life care the management team completed an analysis of the care provided and used this to identify any areas where improvements could be made in the end of life care provided.

- We saw many letters of thanks from relatives for the care and support people and relatives had received when people had been supported at the end of their life. One person had commented: "The gentleness with which she was treated was beautiful to witness and I could not have wished for anything better as [name] gently passed away."

Improving care quality in response to complaints or concerns

- The provider's policy and procedure for dealing with any concerns or complaints was clearly displayed and available to people in various formats, for example, large print, which made it more accessible. To support those people who had more limited understanding of the written word, the registered manager was in the process of producing a DVD informing people how to complain.
- The management team made themselves available for people and any concerns or suggestions were addressed before complaints were needed. This approach meant there had been no formal complaints in the 12 months prior to our visit.
- People and their relatives were confident action would be taken to resolve any concerns raised without fear of discrimination. One relative told us, "No complaints, but I would go to [registered manager] with any concerns if I felt strongly. I am sure it would be well received."

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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

At our last inspection we rated this key question outstanding. At this inspection we found people continued to receive an exceptionally well-led service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager continued to lead an extremely strong senior team who encouraged, supported and motivated staff to provide high standards of care that put people at the heart of the service. One relative described the leadership of the home as, "Strong, there is always a presence."
- People praised the atmosphere within the home and spoke of the dedication of both managers and the wider staff team. One relative told us, "I think they are phenomenal. I hope one day I would end my days here. It is an extraordinary place." Another relative said, "It is very friendly and very homely. It is a bit like a family but when they have to be professional, they are." One relative had recently written, "You should be very proud of the care you deliver to your residents" and a visiting healthcare professional had commented, "An exemplary home and a pleasure to work in."
- Staff were proud to work at Kineton Manor and spoke very positively about the guidance and motivation provided by the registered manager. One staff member told us, "She has a very loving heart and is a very considerate person. Every time you speak to her about a problem, she will try and sort it out."
- The provider was a visible presence and committed to providing a service where people received the same standards of care they would receive from their own family. They told us, "It is a long term personal business, if we do it we are going to do it as if we are putting our own parents in the home." When speaking of the provider a member of staff told us, "If people want something they will get it. They put people and not profit first."
- Staff were given opportunities to develop in their role and take extra qualifications. The registered manager was working in partnership with a local hospital to support their nurse associate apprenticeship programme by offering placements. In exchange two care staff from the home were studying for their nurse associate qualification. A visiting healthcare professional had commented, "The home constantly strives to improve care for residents and opportunities for staff to develop."
- The management team were proactive in driving the service forward. For example, the introduction of the concept 'Thoughtful Thursdays prevents manic Fridays' had greatly reduced the need for unplanned hospital admissions. By constantly reviewing people who were unwell, clinical staff ensured prescriptions and anticipatory medicines were available to prevent 'out of hours' crisis. As a result, the home had been recognised under the Gold Standards Framework as showcasing examples of best practice in end of life care.

- Quality reviews were used to identify areas for improvement and to reflect on issues and incidents to provide better and improved quality services. For example, 'Love, stimulation and dignity' and Namaste care had been introduced into the home after a quality management review in July 2018 identified more could be done to provide meaningful engagement with people who were cared for in bed or living with dementia.
- As an innovative way of involving staff in recognising and developing areas of good practice to improve people's lives, staff shared 'golden moments' when they had done something special to make someone's day better.
- There was a strong commitment to equality and inclusion across the workforce that ensured staff were valued and respected as individuals. The provider recruited nurses from overseas. Nurses were supported through a successful development programme that enabled them to register as nurses in the UK.
- Staff were highly valued. Many staff lived within the local community in houses sourced by the provider. They were offered free meals when on duty and regular social activities were arranged to build a cohesive staff team.
- Whilst supporting the staff already working in the home, the provider was considering ways to encourage recruitment from the local community. They were exploring opening a creche within the home to encourage people with young children to return to work, but also because of the positive benefits of joining childcare with services for older people.
- The registered manager understood their responsibility of the duty of candour.

Working in partnership with others; Continuous learning and improving care

- The registered manager told us about the very positive relationships they maintained with other health professionals. Kineton Manor had recently been selected to participate in The Teaching Care Home Project which is supported by Care England and the Department of Health. The objective is to develop a model for the delivery of person-centred care by working in collaboration with partners in the healthcare sector as well as academic and education providers. The registered manager explained the programme would support them to identify and share best practice, offer placements for healthcare students and participate further in innovative research projects.
- The provider was a member of several good practice initiatives where they worked in partnership with other organisations to make sure they were following current best practice and providing high quality care through the sharing of knowledge. The registered manager was the local nursing home representative on the South Warwickshire Working Together Board, an initiative to explore ways of keeping people out of hospital. The clinical lead for end of life care met with other providers to support care provision and development in end of life and palliative care services.
- The management team were committed to improving the care people received and recognised the value of research. Projects they had recently participated in included an evaluation of the role of counselling in care homes and an investigation into isolation and loneliness in people with sight loss. The registered manager was particularly pleased their involvement in research into reducing antimicrobials in care homes had reduced their use at Kineton Manor.
- The service continued to develop strong links within the community and volunteers played a significant part in the life of Kineton Manor. The registered manager was proud some of the young people who had completed work experience or volunteered at the home, were now qualified doctors or studying for a healthcare qualification.
- Detailed analysis was undertaken in areas such as incidents, accidents, falls and deaths, and where necessary, action was taken to keep people safer. For example, following an analysis of accidents in 2017 the provider had implemented an accident prevention plan which involved changes to the environment, more activities to increase balance and power and reviews of medication. The plan had resulted in a 64% reduction in the number of falls in the home.

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

- The provider used surveys, meetings, reviews and ongoing communication to check people and their relatives were happy, satisfied and confident in the standard of care provided within the home. The last survey had showed 100% of those who responded were happy with the quality of care in the home.
- Staff were invited to attend regular meetings where the registered manager encouraged staff to feel empowered to make suggestions to improve service provision within the home. They told us, "The carers are very assertive and they contribute well. They feel confident to challenge." One member of staff confirmed, "Everyone has a voice. We feel if we suggest something, it will not be ignored, irrespective of our role."