

London and Manchester Healthcare (Rudheath)
Ltd

Kitwood House Care Residence

Inspection report

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16 February 2023

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Kitwood House Care Residence is a residential care home, providing personal and nursing care to 60 people at the time of the inspection. The service can support up to 68 people across 4 units and specialises in providing care to people living with dementia. Two of the units provide support for people with complex needs and expressions of emotional distress.

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

Systems and procedures were in place to protect people from abuse. People received their medicines as prescribed, administered by trained and competent staff. During the inspection we observed there were sufficient staff to meet people's needs. People received support from a consistent and familiar staff team. Safe recruitment procedures were followed, including relevant safety checks. Systems were in place to prevent and control the spread of infection and staff had access to plentiful supplies of personal protective equipment, such as masks, aprons and gloves. At the time of the inspection there were no restrictions in place regarding visiting arrangements.

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

Staff received training relevant to their role. There was an induction programme for permanent and agency staff. People's nutritional needs, risks and preferences were assessed and regularly reviewed. We observed the lunchtime experience to be a calm and sociable experience, where staff assisted people who required support with their meal in a warm, friendly and unhurried manner. People spoke positively about the food on offer. People were offered choice and cultural dietary needs were considered and catered for.

Governance systems were in place to assess and monitor the quality of the service. People and staff told us there was a positive culture within the service and felt the service was well-led. The manager demonstrated a clear focus to continually improve the service and to capture learning at every opportunity.

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

Rating at last inspection and update

The last rating for this service was requires improvement (25 January 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations relating to safeguarding people from harm, safety around medicines and accidents and incidents, staffing, and good governance.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 25 November 2021 and 9 December 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment, staffing and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 well-led?

Good ●

The service was well-led.

Details are in our well-led section below.

Kitwood House Care Residence

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors, a specialist advisor and an Expert by Experience on the first day of the inspection and 1 inspector on subsequent days. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a nurse.

Service and service type

Kitwood House Care Residence is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Kitwood House Care Residence is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

At the time of our inspection there was not a registered manager in post. A new manager had been appointed and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced. Inspection activity started on 9 February 2023 and ended on 24 February

2023. We visited service on 9 and 16 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. We used information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 7 relatives/visitors, 3 by telephone and 4 in person. We also spoke with the manager, deputy manager, nominated individual, regional support manager and 18 members of staff which included the clinical lead, nurses, care staff, head housekeeper, maintenance person, activities co-ordinator and agency staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also contacted 4 external professionals with experience of working with 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 people who could not talk with us.

We reviewed a range of records. This included 7 people's care records, multiple medication records and 3 staff recruitment files. We reviewed a variety of records relating to the management of the service including policies and procedures. We continued to seek information and clarification from the provider to validate evidence found.



Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider was unable to demonstrate systems were in place or robust enough to effectively safeguard people from abuse and avoidable harm. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 13.

- Systems and procedures were in place to protect people from the risk of abuse. People were supported by staff who had received training and were aware of the steps to take should abuse occur.
- Incidents had been reported to the relevant authorities as required.
- Staff told us they felt able to raise any concerns and were confident the issues would be dealt with appropriately by the management team.
- People felt their family members were safe living at Kitwood House Care Residence. People told us, "[Relative] is in a safe environment", "If I had any concerns, I would speak with any of the staff" and "If I felt she or anyone else was not safe I would speak with the nurse."

Assessing risk, safety monitoring and management; Using medicines safely; Lessons learned when things go wrong

At the last inspection systems were either not in place or robust enough to demonstrate consistent safety around accidents, incidents and medicines management. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 12.

- Accidents/incidents were recorded and reviewed in detail to identify emerging trends with a clear focus on capturing lessons learned.

- Actions to reduce the level of risk or prevent reoccurrence had been identified and implemented, with relevant professionals consulted when required.
- Medicines were administered safely by staff who had received training and had their competency to do so checked.
- Medicines stocks were well managed, and people received their medicines as prescribed, including those administered covertly [hidden] or 'when required'.
- Risk assessments were completed and regularly reviewed with measures in place to mitigate the risks.
- Staff had access to the guidance and information they needed to deliver care and support safely via an electronic device.
- Ongoing routine maintenance and safety checks were carried out as required. Fire drills took place regularly. Although attendance was clearly documented, more detail about what had taken place was needed. The maintenance person and nominated individual confirmed this was an oversight and a more detailed record would be completed for future drills.

Staffing and recruitment

At the last inspection systems were either not in place or robust enough to demonstrate sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 18.

- During the inspection there appeared to be sufficient staff to meet people's needs. One person told us, "Always seems enough staff about and they are very pleasant and always interacting with the residents."
- The manager explained staffing levels were determined by head office following a review of people's dependency levels. Staffing levels were also adjusted in response to issues which may arise. For example, the provider implemented 1 to 1 support for a person until they settled following a review of their care needs and changes to their medication.
- Safe recruitment procedures were followed, including appropriate checks to ensure recruitment decisions were safe.
- Recruitment was ongoing with interviews planned. Although there remained a reliance on agency staff, there was a consistent and familiar group of agency staff who had worked at the service for a considerable time. Agency staff were supported with additional training relevant to the service and there were plans in place to support them in 1 to 1 supervision sessions in line with permanent staff.
- People told us, "Staff are great here, they know my [relative] so well and it is great to see the same, smiling faces' and "It is usually the same staff I see around which is good and consistent with care. I cannot see what they could do any better."

Preventing and controlling infection

- Policies and procedures were in place providing staff with relevant guidance about how to prevent and control the spread of infection.
- The environment was visibly clean and tidy.
- Systems and procedures were in place to manage outbreaks effectively. We received positive feedback about how a previous outbreak had been managed.
- Staff were aware of the correct personal protective equipment they should wear and there were plentiful supplies.

Visiting in care homes

- There were no restrictions in place regarding visiting arrangements and during the inspection we observed visiting taking place in line with current guidance.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection systems were either not in place or robust enough to demonstrate staff had the right skills and experience to support people who lived at the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff received the training required to carry out their role, delivered in face to face and e-learning sessions. The training matrix evidenced completed and planned sessions, with an overall compliance level of 98%.
- Since the last inspection the provider had implemented additional training for staff, including agency staff, in how to manage and understand episodes of emotional distress. The manager carried out detailed analysis of the effectiveness of this training.
- People spoke positively about staff's skills. People said, "Staff are highly skilled dealing with dementia patients" and "The staff seem well versed in dementia and diffuse situations quickly and efficiently."
- Staff told us they could ask for additional training if needed, and were confident it would be made available. Staff were supported to undertake additional qualifications, such as National Vocational Qualifications (NVQs) and the Care Certificate. One staff member told us they would feel "Confident in asking" for additional training and another said, "They [management] are very good at progressing and training you".
- Induction programmes were in place to support new staff and agency staff.
- Staff received ongoing supervision and told us they felt well supported by the management team.

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

- People's needs were assessed before they received a service to ensure the provider could facilitate the package of care required. Following initial assessment, this information was incorporated into personalised

risk assessments and care plans reflecting current standards, guidance and the law.

- Risk assessments and care plans were regularly reviewed to ensure they remained reflective of people's individual needs.

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

- People's nutritional needs, risks and preferences were assessed and regularly reviewed. Referrals were made to external professionals as and when required.
- We observed the mealtime experience to be a calm and sociable experience, with people chatting between themselves and with the carers throughout the service.
- Staff assisted people who required support with their meal in a warm, friendly and unhurried manner. One person told us, "My [relative] is assisted by the staff to eat and drink and they are very patient with [relative]."
- Staff ensured people were offered choice. When required, options were presented visually to help them make their choice and people's cultural dietary needs were considered and catered for.
- People told us the food and choices were excellent with plenty of snacks and drinks available. People said, "Food always looks really good and tasty, and I know [relative] gets choices of meals" and "There are always snacks available like fruit and cake which [relative] loves."

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

- The service worked effectively with external agencies to support people to maintain their health and wellbeing. Professional guidance was incorporated into people's care plans and risk assessments.
- We received positive feedback from visiting professionals, including the service was "Very good at implementing advice and making referrals" and "Staff are very supportive of [professional] when she attends, they are able to give her all the information she needs about people's needs."
- People were supported to see a doctor quickly when needed. People told us, "The doctor was called quickly when [relative's] diabetes when array. I am always contacted quickly which I appreciate" and "If [relative] needs a doctor they are called straight away and then I am notified."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Mental capacity assessments and best interest decisions were carried out where necessary and appropriately recorded.
- DoLS referrals were made in people's best interests when people were unable to make their own decision about where they would live. The registered manager had a DoLS tracker in place to identify where follow up was required. We discussed the need to ensure renewal applications were submitted in a timely manner.

The manager took immediate action to address the issue highlighted.

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

- Kitwood House Care Residence was purpose built and designed specifically to meet the needs of people living with dementia, with effective use of interior design and technology.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection systems were either not in place or robust enough to demonstrate effective governance of accidents and incidents. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made and the provider was no longer in breach of regulation 17.

- Governance and oversight of accidents and incidents were effective. Records demonstrated measures were implemented to understand the cause, impact and that actions to mitigate the risk as far as possible had been implemented.
- The manager demonstrated a clear focus to incorporate continuous learning at every opportunity.
- People told us there was a positive culture and good outcomes were achieved for people. People told us, "My [relative] requires turning regularly to prevent bed sores as she is bed bound. They do this religiously and she does not have any skin problems" and "There is a relaxed, easy going atmosphere, it is always nice to visit. Kitwood House is superb."
- People spoke positively about the running of the service. People told us, "I have no concerns at all. I have been invited to relatives' meetings but don't feel I need to attend as I speak to the staff daily" and, "[Name] is the manager, she is very good and always stops for a chat. This seems a well-managed home and is always clean."
- Staff recognition schemes were in place such as employee of the month, Pizza and 'Treat Days'. The manager told us, "We've got a good team" and that these initiatives were important in making sure staff enjoyed coming to work.

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

- Systems were in place to assess and monitor the quality of the service. Regular audits were carried out with oversight from the management team.
- During the inspection the management team were open and transparent, responsive to feedback and engaged with the inspection process throughout.
- The rating from the last inspection was displayed and CQC had been notified about events which happened in the service as required.
- Staff and the management team were clear about their roles and felt supported by the manager and/or provider. We were told, "What I like is head office is just there [for support]. [Name] is very good. If I have a query or anything, he will just come back to me or send [Name] into the home to support me" and "Management are approachable."
- The registered manager demonstrated an understanding of their responsibilities under duty of candour.

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

- Regular staff meetings were held, and staff were encouraged to share their views. Staff told us, "We can speak up" and "It's a positive atmosphere to work in."
- The service had built positive working relationships with external professionals and worked in partnership with other agencies. One professional told us, "I would say they are proactive in their contact with us and seem to value our advice."
- The provider was keen to become part of the local community. Links had been established with a local club where people using the service visited for lunch and to meet with people from the community. We spoke with 1 person as they returned from a community visit who said they had enjoyed the lunch and staff supporting them had been "Absolutely fantastic." Plans were being developed to invite people from that community group to visit Kitwood House for breakfast to further develop these links.