Kitnocks Specialist Care Limited

Kitnocks House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Kitnocks House is a nursing home providing personal and nursing care to 63 people. People living at the home had high complex support needs in relation to their diagnosis of dementia, mental health conditions, learning disabilities and physical disabilities. At the time of the inspection there were 63 people using the service.

People's experience of using this service and what we found
People were given their medicines in a way that met their individual needs. The provider had implemented a new electronic medicines administration and management system during the inspection. They were monitoring and updating the system as required promptly to fully embed the new system. The service had systems and processes in place for the safe storage, administration and use of medicines. However, these processes were not always followed, to ensure medicines were stored in line with recommendations. We have made a recommendation about the storage for some medicines.

We received mixed feedback from relatives about the staffing levels within the home. We observed safe staffing levels throughout the inspection and staff appeared unhurried and responsive to people. The provider was open about the challenges they had faced recruiting staff. They had created a recruitment team and implemented different initiatives to encourage recruitment and retention of staff. Safe recruitment processes were in place. Staff files contained the information required to aid safe recruitment decisions.

The provider had arrangements in place to assess and monitor risk. Risks to people were recorded in their care plans. 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. There were appropriate policies and systems in place to protect people from abuse. The manager understood their responsibilities to safeguard people from abuse.

Accidents and incidents were monitored, reviewed and analysed for trends and patterns. The provider carried out monthly and quarterly analysis of all accidents and incidents which had resulted in positive outcomes for people.

People were supported to maintain contact with their family members and friends throughout the pandemic. The provider facilitated visits for people living in the home in accordance with government guidance.

The manager promoted an inclusive, value based and positive culture. The management team had implemented changes to make the home more robust to weather challenges. Staff were deployed flexibly across the home to ensure people's needs were met. They were confident in the changes being implemented and had a clear rationale for the changes. Most staff told us they felt supported, valued and

listened to. However, some staff felt communication could be improved.

There were systems and processes in place for monitoring the quality of care and used to plan improvements. Where the quality assurance audits identified issues, remedial action was taken.

Most relatives were overall positive about the home. However, some felt communication could be improved on. Relatives mostly confirmed they were involved in people's care and were able to contribute to care planning.

The management and staff team worked in partnership with a variety of healthcare professionals and had developed good working relationships which supported positive outcomes for people.

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

Rating at last inspection
The last rating for this service was good (published 17 February 2021).

Why we inspected
This inspection was prompted by a review of the information we held about this service.
For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kitnocks House on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, 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 well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Kitnocks House

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience supported the inspection by making telephone calls remotely to get feedback about the service.

Service and service type
Kitnocks House 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. Kitnocks House 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
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. There was a manager who was new to the service who was in the process of applying to become the registered manager.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used information gathered as part of monitoring activity that took place on 21 March 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the 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 this information to plan our inspection.

During the inspection
We spoke with 14 relatives about their experience of the care provided. We spoke with 18 members of staff including, the nominated individual, manager, clinical lead, a registered nurse, senior health care assistants, health care assistants, maintenance team members, quality assurance officer and regional manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included seven people's care records, multiple medicine records, six staff files in relation to recruitment and records relating to the management of the service. Following the inspection, we continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Good

Is the service safe?

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 good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were given their medicines in a way that met their individual needs. However, individuals' preferences and needs were not always recorded on the electronic administration records (eMAR). For example, how people preferred to be supported to take their medicine.
- Allergies were not consistently recorded on medicines administration records (MARs). This increased the risk of people receiving medicines which they were allergic to. The manger told us they would review this information and ensure the eMARs were updated.
- Guidance to help staff administer when required 'PRN' medicines was not always in place. PRN guidance that was in place was not always adequately person centred to support staff in administration.
- The provider had launched the eMAR system during the inspection. This was a new system and needed to be embedded within the service. The management team were closely monitoring its implementation and recognised there were going to be changes and updates required as they embedded the system. As issues were identified they were promptly responding and taking action to resolve them. This included updating the eMAR records.
- The service had systems and processes in place for the safe storage, administration and use of medicines. However, these processes were not always followed, to ensure medicines were stored in line with recommendations. For example, excess stock and nutritional supplements for one ward were stored in a small cupboard. This also contained the medicines fridge, which also generates heat. With no ventilation in a confined space, it is likely that temperatures may exceed the recommended range. However, there was no contingency plan in place. We found one medicines trolley did not have a thermometer for temperature monitoring.

We recommend the service ensures medicines are stored in line with best practice.

- Medicines administration records (MARs) were not always fully completed. Posing a risk, that medicines may not be given as intended. These were infrequent and with the implementation of the eMAR system, the risk of further occurrence is reduced.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate policies and systems in place to protect people from abuse. The manager understood their responsibilities to safeguard people from abuse. There were robust records of the safeguarding alerts made by the provider which included investigations into concerns and learning shared with staff following the event.
- Staff participated in annual training in safeguarding and understood their responsibilities to safeguard people from abuse and knew how to raise concerns, both within their organisation and beyond, should the

need arise, to ensure people's rights were protected.

Assessing risk, safety monitoring and management
● Relatives were mostly positive about how the staff supported people in relation to assessment and monitoring risk. Comments included, "The home is able to meet my husband's needs", "They do a sterling job … I am really impressed with them", "Generally the home is very good at looking after him", "Staff seem to be aware of my brother's situation, moods, and what he understands" and "I think he is safe and cared for."
● The provider had arrangements in place to assess and monitor risk. Risks to people were recorded in their care plans. For example, care plans and risk assessments provided guidance on how to prepare and assist people with food and drink or how to support people at risk of falls. One staff member told us, "We ensure beds are kept low and have floor mats and sensory mats in place."
● Equipment such as hoists, call bells and fire safety equipment were serviced and checked regularly. There was a maintenance team on site full time who worked closely with the management team to address any identified actions. This also enabled them to be responsive to any urgent works which needed to be carried out.
● There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. This also included information about evacuating the premises, alternative accommodation and important telephone numbers. There were also personal emergency evacuation plans (PEEPs) in place for people.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment
● We received mixed feedback from relatives about the staffing levels within the home. Comments included, "They don't seem to be short of staff", "There seems to be enough staff when I visit", "Carers seem to change every time I come in, I never see the same staff", "All in all, I'm not very happy, there are lots of agency staff, no continuity", "There is a shortage of staff in the mornings" and "In the evening they are shorter of staff."
● Staff we spoke with also gave mixed feedback about the staffing levels. One staff member told us, "To be surrounded by staff who are new, there are so many new agency staff … it is completely draining." Another staff member told us, "It is not so much the quantity but the quality; massive high use of agency staff … It impacts on us not being able to be as caring as I want to be, to spend 1:1 time with people."
● We observed safe staffing levels throughout the inspection and staff appeared unhurried and responsive to people.
● Some relatives commented on the high security within the home and the difficulties they experienced when visiting their family members; due to the specialised nature of the service and the support needs of the

people they support, Kitnocks House had key coded entry points to different areas of the home. Visitors were required to be accompanied when they moved through the areas to ensure people's safety. Relatives told us this could be problematic when there were not enough staff available to support them to visit their family members and there would be periods of time where they would have to wait until a staff member was available.

● The provider was open about the challenges they had faced recruiting staff. They had created a recruitment team and implemented different initiatives to encourage recruitment and retention of staff. For example, they had recently introduced a bus route for staff. There were designated pick up and drop off points to support staff to travel to the home. Staff were positive about the bus route and told us it had made a positive difference to them. The manager told us they had successfully reduced the agency usage within the home.

● Safe recruitment processes were in place. Staff files contained the information required to aid safe recruitment decisions. Such as, evidence that pre-employment checks had been carried out. This included employment histories, references, evidence of the applicant's identity and satisfactory disclosure and baring service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Relatives told us, "Everything is clean" and "It is extremely clean and well kept."

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

● People were supported to maintain contact with their family members and friends throughout the pandemic. The provider facilitated visits for people living in the home in accordance with government guidance.

● The manager told us they had a booking system for relatives to manage the number of visitors on site at any one time. This was because too many visitors could negatively impact people and cause them distress. Some relatives told us they felt the booking system for visitors was not always effectively managed and could be improved on. One relative told us, "You have to book in, it's very limited between 10.00 and 11,30 a.m., and 14.00 and 15.30 p.m. My sons can't go after work, it's difficult because we are all working."

Learning lessons when things go wrong

● Accidents and incidents were monitored, reviewed and analysed for trends and patterns. The provider carried out monthly and quarterly analysis of all accidents and incidents. This had resulted in positive outcomes for people. For example, following falls analysis the provider implemented additional sensor alarm mats in one area of the home.

● Shared learning was cascaded to the staff and across the organisation. There was a daily '1o at 10' meeting held for heads of departments and nurses where learning was shared along with any updates. This was cascaded through the team as needed.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- At the time of the inspection the provider did not have an activities team. They told us they had made the decision to move away from structured group activities and to develop organic meaningful activity opportunities for people; they had observed people had engaged more when offered personalised 1:1 activity choices. During the inspection we observed one person being supported with 1:1 support to complete a puzzle. The staff member was fully focussed on the person and their experience of the activity.
- Some staff told us that as there were newer staff and agency staff, activities were affected as they needed time to induct and train new staff. One staff member told us, "We did have an activities team but they all left, then we were told staff would have to take over the activities, which was fine but difficult on top of the usual tasks and activities." Another staff member told us, "You can't provide a good service to a resident if you are explaining all the time to new agency staff."
- Some relatives were aware there was not an activities team at the time of the inspection and were not sure if any activities were being offered to people which concerned them. One relative told us, "I am very concerned that he is stuck upstairs, it is a dismal place, it's God's waiting room and they have forgotten them." The provider told us they were in the process of developing staff to be able to recognise opportunities for meaningful activities and were confident with the successful recruitment of additional staff, recruiting an activities coordinator and deploying staff more effectively that this would result in positive and more meaningful experiences for people.
- The management team demonstrated an open, passionate and transparent approach. Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available.
- The manager promoted an inclusive, value based and positive culture. The manager and clinical lead were encouraging to the staff team; they promoted additional training and qualifications in health and social care and had plans to develop a career pathway for healthcare assistants.
- The management team in place at the time of the inspection had only been in their posts a short time. They had started to implement changes in the way the home was run to make the home more robust to weather challenges. For example, they were recruiting additional nurses and a second clinical lead to provide more oversight and support for people and staff. They had also introduced additional agency providers to ensure they had enough staff and would book the same agency staff to promote consistency for people. Staff were deployed flexibly across the home to meet the needs of the service and ensure people had the support they required. Some staff told us the changes had impacted staff morale and not all staff agreed with the changes.

● Most staff told us they felt supported, valued and listened to. Comments included, "They treat everyone equally, they give respect to us as equals, doesn't matter if you are a senior, carer, housekeeper", "When I talk, they listen to what I am going to say ... this management team are lovely", "I feel very, very respected", "They are brilliant. We get on so well with [manager's name] and [area manager's name]" and "[manager's name] is very good."
● However, there were some staff who felt communication could be improved from the management team. One staff member told us, "I would like them to listen to us more. I just don't feel we are listened to." Before the current manager was in post there had been a few management changes in quick succession. This had impacted on the staff team's morale and meant team meetings and supervisions had not always been consistent for all staff members. The management team had prioritised supervisions and meetings with staff.
● The management team were aware of, and were working to improve, the morale of staff at Kitnocks House. They were confident in the changes being implemented and had a clear rationale for the changes. The provider had struggled with recruitment and had numerous vacancies. They had appointed a recruitment team and had recently held successful interviews and appointed a number of staff to strengthen the team. This would hopefully improve morale by providing a stable, regular workforce.
● The senior managers visited the home regularly and made themselves available to staff. They had an initiative where they held an afternoon tea and invited a small number of staff to join them each month. Staff were positive about this and told us they felt appreciated and valued. They told us they were able to share ideas and suggestions with senior management and felt listened to. One staff member told us, "I've been to tea at six. I went to the first one that was here. That's quite nice, completely open forum, can talk about anything, very relaxed."

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
● The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.
● Statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
● There were systems and processes in place for monitoring the quality of care and used to plan improvements. Since the last inspection the provider had implemented a new electronic system. This system enabled the creation of bespoke audits which could be assigned to specific roles. The manager had access to review all entries which enabled effective monitoring. However, we found some of the audits were not completed in enough detail. For example, the infection prevention and control audit identified a concern with staff not washing their hands prior to supporting people; there was no detail about how this concern was identified, whether it was a systemic concern, or was identified from observing an individual staff member.
● Where the quality assurance audits identified issues, remedial action was taken. The electronic system required an action to be created before the audit could be continued whenever a concern was identified. The action would automatically be transferred onto a live action plan. We identified there were outstanding actions showing on the system. On further review it was apparent some actions were being completed but they were not always closed on the system. The provider was aware of this and had plans to resolve this through additional training and having outstanding actions escalate to line managers to ensure they were followed up on and closed promptly.

● The provider held monthly clinical governance meetings and had recently implemented senior carer monthly meetings. These meetings supported staff to understand about compliance, identify and share best practice and to identify lessons learnt.
● The provider had invested in a new care planning electronic system which was compatible with their quality assurance electronic system. This would support effective analysis of accidents and incidents and the identification of potential trends and patterns.
● Although at the time of the inspection there was not a registered manager, the provider had appointed a manager who was in the process of applying to become registered. The provider had ensured there was effective management oversight in place and support for people and staff whilst they recruited a new manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Most relatives were overall positive about the home. Comments included, "They are kind, calm, caring and polite. When I ring, they are always helpful", "I am really impressed with them", "It seems pretty well run" and "The nursing staff are lovely, super and very helpful."
● Feedback from relatives was more mixed in relation to the communication they received from the home. Comments included, "They contact me if there are any concerns … they enable him to talk to me", "They call and tell me if anyone comes in, for example the dentist , or if she goes to hospital", "They ring me when she has her jabs, or has had a fall", "I can't get through in the evenings … I am worried what goes on at night, they put the phone down on me, because they don't understand me. I worry about the fact that I can't get through; they say that they will get someone else on the phone and then it goes dead, I ring back again, and then can't get through."
● Some relatives told us there had been a lot of management changes and they felt they were not always kept updated on the changes. They told us communication could be improved as not all relatives knew who the managers were. One relative told us, "I've never been told who the Manager is, there is no open-door policy." The manager told us relative meetings had been scheduled and would be taking place regularly going forwards.
● Other relatives told us they felt listened to and knew who to speak to if they had concerns. Comments included, "If I have an issue I go to the care staff, then to a nurse", "I am quite happy with the communication", "If there is an issue, we talk it through, it is resolved and sorted" and "They are understanding people and helpful .. if I have an idea, they will listen, and get on with it, if it will do the job."
● Most relatives confirmed they were involved in people's care and able to contribute to care planning. Comments from relatives included, "As regards the care plan, I told them what her needs were, and left it like that. I think it gets reviewed", I was involved with the care plan" and "They have an annual review of his health and medication . There is a good care plan and this is reviewed every year."

Working in partnership with others
● The management and staff team worked in partnership with a variety of healthcare professionals and had developed good working relationships which supported positive outcomes for people. We saw evidence of referrals to relevant professionals when required. Such as speech and language therapists. The provider employed an occupational therapist which enabled people to receive responsive support when necessary.