

London and Manchester Healthcare (Rudheath)
Ltd

Kitwood House Care Residence

Inspection report

162 Middlewich Road
Rudheath
Northwich
CW9 7DX

Tel: 01606653555
Website: www.lmhealthcare.co.uk

Date of inspection visit:
25 November 2021
09 December 2021

Date of publication:
25 January 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kitwood House Care Residence is a residential care home providing personal and nursing care to 21 people at the time of the inspection. The service can support up to 68 people across four 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

People were not always protected from the risk of avoidable harm. Staff did not always have the skills or experience to support people with complex needs and expressions of emotional distress.

When safeguarding incidents occurred the provider did not always ensure lessons were learnt to prevent repeat or further incidents happening.

The provider failed to ensure COVID-19 guidance was consistently followed. We found some agency workers had been deployed without checking they had been vaccinated against COVID-19. During the inspection the provider took action to improve their system for checking agency workers vaccination status. Other aspects of COVID-19 guidance including testing and use of PPE was sufficiently managed.

People were supported by a high number of agency workers because the provider had not been able to recruit sufficient numbers of permanent staff. People did not always receive consistent support and relatives told us they were concerned about the amount of agency staff relied on. The provider did not always ensure agency workers were checked for good character or training before they were deployed.

Medicines were not always effectively managed. We found shortfalls in relation to the management of covert medicines, stock control and record keeping.

The environment was purposely designed to facilitate and improve orientation and quality of life for people who live with dementia. Excellent hygiene standards had been maintained. Regular maintenance checks were undertaken to ensure good housekeeping and equipment safety.

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.

People's needs, preferences and pastimes were assessed and reviewed on a regular basis. However, the provider had not fully considered their model of care to effectively design and review support for people who lived on the 'Dementia Plus' unit. This unit was designed to support people who displayed complex levels of emotional distress. These people required staff with enhanced knowledge and training to support them. During the inspection the provider took action to improve staff training and liaised with external

health and social care professionals to improve people's experiences.

Staff told us they felt supported and listened to by the senior management team. The provider had quality assurance processes in place and a strong senior management team. They showed they had the ability to remedy concerns identified during the inspection processes. The nominated individual transparently shared their root cause analysis of why failures had occurred. They had worked closely with commissioners to improve safety standards.

Staff supported people in a kind and dignified way. People and relatives told us they were happy with the way staff supported them. People had regular access to stimulating and meaningful activities.

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

Rating at last inspection

This service was registered with us on 02/08/2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding incidents. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

During and after the inspection the provider took action to mitigate the risks we identified. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, safeguarding people from harm and abuse, medicines management, staff training and deployment and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 Care Act 2014.

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

Inspection team

The inspection was undertaken by three inspectors, a medicines specialist 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.

Service and service type

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

The service had a manager registered with the CQC. 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. During the inspection the registered manager was handing over to a new manager who told us they intended apply to become registered.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and twelve relatives about their experience of the care provided. We spoke with eighteen members of staff including the registered manager, new manager, regional manager, director of operations, registered nurses, care workers, the maintenance person and domestic staff. Throughout the inspection we liaised with the nominated individual, the nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 five people's care records and multiple medication records. We looked at fifteen staff files in relation to recruitment, induction and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and care records. We spoke with professionals who regularly support the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider did not always ensure people were effectively safeguarded from abuse. Safety measures were not always in place to protect people from repeated incidents and this placed them at risk of avoidable harm. For example, we found people had been exposed to harm from other people who lived at the service whilst experiencing periods of emotional distress. The provider had not always sufficiently mitigated the risks to prevent incidents reoccurring.

Systems were either not in place or robust enough to demonstrate people were effectively safeguarded from abuse and avoidable harm. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They put measures in place to mitigate the risk of service users harming each other by improved staff training, increased staffing levels and better management oversight of incidents.

- Staff reported safeguarding incidents to the Local Safeguarding Authority. Staff were trained in safeguarding adults from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- The provider had a system in place to assess, monitor and review risk for people who lived at the service. However, identified risk was not always sufficiently managed because incidents reoccurred. For example, records showed staff had been repeatedly harmed by a person they supported. The provider failed to consistently ensure staff deployed had relevant training, to help them understand how best to engage with the person and how to protect themselves from harm.

- The analysis of accidents and incidents was not always robust. Staff did not always feel supported following incidents.

- Staff did not always follow safe and effective medicine management processes.

- We found one person who needed their medicines to be hidden in food and or drinks. They did not consistently receive their medicines in a safe way, therefore this placed them at risk of avoidable harm.

- The provider failed to ensure people's medicines were always in stock. We found three people had not received their medicines because they were out of stock.

Systems were either not in place or robust enough to demonstrate consistent safety around accidents, incidents and medicines management. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They put measures in place to ensure shortfalls identified were addressed and closely monitored. During the second day of the inspection we noted management oversight had improved and lessons learned were recorded.

- The provider ensured environment safety was assessed and monitored.

Staffing and recruitment

● People did not always receive consistent care and support. There was a substantial reliance on agency workers who the provider failed to ensure were checked for good character, skills and competence before being deployed. For example, we saw one person was supported by three agency support workers who had not received training to equipped them with the skills needed to carry out their role.

Systems were either not in place or robust enough to demonstrate sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed to make sure that they can meet people's care and treatment needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They put measures in place to ensure all staff deployed were of good character and had the right skills to support people who lived at the service.

Preventing and controlling infection

On the first day of the inspection we found the provider failed to ensure all agency workers were asked to declare their COVID-19 vaccination status. The provider took immediate action to ensure vaccination status was declared prior to shifts being allocated to agency workers. The provider ensured agency workers evidenced their lateral flow test result prior to being allowed access to the service.

- 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.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider failed to consistently ensure staff were suitably trained to support people who displayed complex levels of emotional distress. We found several incidents when staff had been injured by people they supported. This was because they had not received training in how to manage and understand the complexities of emotional distress experienced by the people they supported.
- The provider did not always ensure agency workers received induction training before being deployed.

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 placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They put measures in place to ensure staff were sufficiently trained, including regular agency workers.

- Other areas of mandatory training were undertaken by staff. Permanent staff told us they received induction training and felt supported. Comments included; "We have loads of training." And "My induction was very thorough, yes I feel supported."

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

- The provider had not fully considered a model of care to effectively design and review support for people who lived on the 'Dementia Plus' unit. This unit was designed to support people with complex emotional distress which meant they often displayed distressed reactions therefore, needed specialist support from staff to prevent incidents and reduce levels of distress. During the inspection the provider took immediate action to improve staff training and liaised with external health and social care professionals to improve people's experiences.
- Other areas of people's care and treatment including physical health, mobility and nutrition were assessed and reviewed in line with best practice standards.

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

- Staff assessed, monitored and reviewed people's nutritional risk and preferences. People enjoyed the meals offered and alternatives were available if people did not want to eat what was on the menu. People who liked to walk whilst eating were provided with suitable foods. People told us; "The food is spot on" and "No complaints about the food, always plenty on offer."

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

- Staff did not always follow advice provided by external health care professionals. The directions given in relation to people's care and treatment were not consistently communicated throughout the staff team. The provider was aware of this and showed improved commitment to partnership working during the inspection.
- Staff referred people to specialist teams including; dietician, psychiatry, podiatry and physiotherapy for assessment and treatment.

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

- The service was exceptionally designed to meet the needs of people who lived with dementia. A high standard of interior design and use of information technology created both a homely and enabling environment.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people in line with principles of the MCA. Record keeping around mental capacity assessment and best interest decisions was well maintained.
- Staff supported people in line with restrictions outlined in conditions of their DoLS.
- Relatives told us they felt involved in making decisions about the care and treatment people received. Comments included; "The family were involved (in decisions) as we have LPOA for finance, health and welfare" and "I and my brother have LPOA finance and health and welfare. To a degree we are involved in mum's care planning. For example, I discussed mum's care about end of life and DNAR."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a kind and caring way. People had built trusting relationships with staff who supported them. We observed staff preserve people's dignity and promote their independence where possible.
- Staff understood the importance of promoting people's privacy and respected their space when visited by relatives and friends.
- Relatives consistently provided positive feedback about staff's approach. Comments included; "Staff are caring and patient, never rushed. We are very happy we were able to get [Name] into Kitwood. It has been a traumatic year for us and once we got [Name] into Kitwood it has been a big relief and [Name] is happy there." Also, "Staff go round and tell people they are loved or beautiful. It's just such a wonderful thing to give positive messages to people. [Name] has never complained about anything while being at Kitwood. We took [Name] out and when they went back their face lit up when they walked into the home. [Name] recognised the staff member so it shows they have a good rapport and care with the home."

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

- Where possible staff supported people to express their views and be involved in making decisions about their care and treatment. Staff worked in line with principles of the Mental Capacity Act. People had access to advocacy services including Independent Mental Capacity Advocates.
- Relatives told us they were involved in making decisions about people's care and treatment.
- Relatives told us staff kept them informed about changes in people's health and wellbeing.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not always receive person-centred care because their needs had not always been effectively assessed in relation to their mental health which caused complex levels of emotional distress. During the inspection the provider took immediate action to review the model of care for people in receipt of 'Dementia Plus' services and worked with commissioners to ensure assessments were more specialised and in line with best practice standards.

- Other areas of person-centred assessment and care planning were recorded in people's care records for example, about people's physical health, pastimes and maintaining relationships.
- We observed staff interacting with people in a person-centred way and supported them to maintain their identity.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records held information about people's pastimes and interests. Staff supported people to maintain their interests and learn new skills. During the inspection we observed staff who supported people to join in recreational activities including flower arranging and playing board games.
- The environment was enriched with stimulating objects for people who lived with dementia to engage with. We observed one person who collected hats which staff had laid out in various areas of the unit for them to discover whilst walking with purpose. Another person enjoyed sitting in an area that had been designed to look like a train carriage, they watched the TV monitor which presented with images of moving landscape. We saw this brought them stimulation and it appeared to be meaningful.
- Relatives told us people were supported to maintain relationships and staff recognised the importance of keeping people connected with relatives, friends and community.
- During the COVID-19 pandemic the provider had followed safe visiting guidance and people's care records held clear information about their preferences and needs in relation to visiting and time out of the care home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people's communication needs were assessed, monitored and reviewed. Prior to admission

information about people's ability to communicate was collated. We saw staff supported people to wear their communication aids including glasses and hearing aids.

Improving care quality in response to complaints or concerns

- There was an accessible complaints policy and procedure and the provider responded to concerns and complaints in a responsive way. Relatives told us; "Yes, depending on what the query was I have a list of phone numbers to call. I haven't had any issues trying to speak to someone." Also "I would speak to the manager or deputy if I was unhappy. If not a nurse. I have not had to raise an issue."

End of life care and support

- Staff supported people and their relatives in an empathic and caring way to make person-centred end of life care decisions. Staff received training in end of life care and told us they felt confident to support people when near to the end of their life.
- People's care records held information about their end of life care needs and wishes. Important information about their preferred place of care when dying and resuscitation decisions were clearly recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Systems in place to quality assure continuous learning were not always effective. For example, safeguarding incidents that had been repeated in some cases were not always sufficiently governed. This meant people had been exposed to the risk of avoidable harm.

Systems were either not in place or robust enough to demonstrate effective governance of accidents and incidents. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They put measures in place to ensure oversight of accidents and incidents improved and they implemented improved lessons learnt processes.

- Staff were involved in the running of the service. Staff told us they felt confident to raise ideas and concerns to senior leaders within the organisation. The registered manager and nominated individual were present throughout the inspection and demonstrated promotion of an open and transparent culture.
- Relatives told us they felt confident in the management of the service. Comments included; "I met the manager once. They have a new manager as the previous manager left 4 weeks ago. We have a family meeting next week to go through changes. The new manager sent a letter to introduce her. I've not come across a member of staff I have an issue with. They are all very nice."

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

- Staff understood their duty of candour responsibilities. It was clear from people's records that staff liaised with them or their representatives when things changed or went wrong.
- The provider had a transparent approach to communication with all stakeholders and throughout the inspection it was clear that the registered manager, new manager and nominated individual wanted to continuously improve the service and work in line with regulatory requirements.
- The provider submitted statutory notifications to inform us when changes occurred at the service.

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

- The service was newly registered therefore opportunity for the provider to fully engage and involve people, the public and staff had not yet been carried out but was planned.
- Staff involved people or their representatives in care planning discussions. Relatives told us they felt involved in decisions made.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|---|
| Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure people were continuously protected from avoidable harm. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to continuously ensure people were effectively safeguarded from abuse and improper treatment. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to consistently ensure good governance of the service. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure all staff deployed were suitably trained and competent. |