Kineton Manor Limited

Kineton Manor Nursing Home

Inspection report

Manor Lane
Kineton
Warwick
Warwickshire
CV35 0JT

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25 May 2016
26 May 2016

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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?	**Good** ●
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

The inspection took place on 25 and 26 May 2016 and was unannounced. The service was last inspected on 8 May 2014, when we found they were meeting the regulations.

The registered manager had been in post for thirteen years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service provides accommodation, nursing and personal care for up to 51 older people, who may have dementia. Fifty people were living at the home at the time of our inspection.

People were at the heart of the service. People, relatives and staff told us they felt like family because of the love and care they all felt from, and for, each other.

People were cared for and supported by kind and caring staff, which made them feel special. Relatives were inspired to become volunteers at the home so they could give back some of the kindness and support they had received.

Relatives felt welcomed at the home and shared in caring for their relations. Staff were valued for their contribution to making people's experience of the service the best it could be. Staff were proud to work at the home and pleased with the thanks and compliments they received.

The end-of–life care people received was as personalised, caring and supportive as a specialist hospice service. Health professionals and relatives complimented the service on the end–of-life care that the whole staff team delivered.

The provider's philosophy, vision and values were understood and shared across the staff team. People's opinions and suggestions were respected and used to improve the quality of the service.

The registered manager was a role model for staff who were all inspired and motivated to deliver the highest quality service. The provider, staff and relatives respected the registered manager's professionalism and recognised their leadership was inspirational.

The registered manager shared their professional knowledge and experience with staff and implemented innovative methods to ensure all staff understood how they contributed to people's experience of the service.

The registered manager worked with educational and research organisations to improve the quality of people's treatment. The quality of care and treatment at the home was sufficiently well recognised that it

was a university approved training establishment for nurses.

People received effective care, support and treatment because staff had training, skills and knowledge that was relevant to people's needs. Healthcare professionals were complimentary about the quality of care and praised the effectiveness of people's treatment. The staff worked as a team to support people with their health and social needs and staff understood how to improve people's sense of well-being.

All the staff were supported to maintain their professional development by the registered manager. Staff were encouraged to reflect on their practice and to develop their skills and knowledge, which improved people's experience of care.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). For people who were assessed as not having the capacity to make all of their own decisions, records showed that their families, legal representatives and healthcare professionals were involved in making decisions in their best interests.

Risks to people's nutrition were minimised because people were offered meals that were suitable for their individual dietary needs and met their preferences. People were supported to eat and drink according to their needs and staff supported people to maintain a balanced diet.

Staff monitored people's appetites, moods and behaviours and referred them to other healthcare professionals when their needs or abilities changed. Staff ensured people obtained advice and support from other healthcare professionals to maintain their health.

People and their families were involved in planning their care, to ensure their care plans matched their individual needs, abilities and preferences. Care staff showed understanding in caring for people, because they understood people's individual motivations and responses.

People were supported maintain their important relationships and their personal interests. Staff supported and encouraged people to celebrate important personal and national events. People were encouraged and supported to attend exercise and activity sessions. Entertainments were provided at the home that people remembered with pleasure.

There were enough staff on duty to meet people's physical and social needs. The registered manager checked staff's suitability to deliver personal care during the recruitment process. The premises and equipment were regularly checked to ensure risks to people's safety were minimised. People's medicines were managed, stored in their own rooms and administered safely.

Staff understood their responsibilities to protect people from harm and were encouraged and supported to raise any concerns. Staff understood the risks to people's individual health and wellbeing and risks were clearly recorded in their care plans.

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. Staff understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. The registered manager checked staff's suitability for their role before they started working at the home and nurses were supported to maintain their professional qualifications and skills. Medicines were stored, administered and managed safely.

Is the service effective?

Good

The service was effective. People were cared for and supported by staff who had the relevant training and skills for their roles. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. The registered manager understood their legal obligations under the Deprivation of Liberty Safeguards. People's nutritional and specialist dietary needs were taken into account in menu planning and choices. People were referred to other healthcare professionals when their health needs changed.

Is the service caring?

Outstanding ☆

The service was very caring. People and relatives described the care as 'marvellous, supreme and exemplary'. People, relatives and staff all talked of feeling cared for and 'like a family'. People were encouraged and supported to live with meaning and to enjoy each day. Care staff respected people's individuality and encouraged them to maintain their independence in accordance with their abilities. People and families received end-of-life care on a par with specialist hospice services.

Is the service responsive?

Good

The service was responsive. People and their relatives were involved in planning their care and treatment. People's preferences, likes and dislikes were understood by the staff. People were supported to maintain relationships that were important to them and to engage in activities they were interested in. Relatives and visitors were welcomed and included in day-to-day activities as well as special events.

Is the service well-led?

Outstanding ☆

The service was very well-led. The provider's philosophy, vision and values were shared by all the staff, which resulted in a culture that ensured people were at the heart of the service. Staff were inspired by the registered manager's leadership and were supported by a skilled and experienced staff team. The registered manger worked with other organisations and centres of learning to ensure people's care and treatment was in accordance with the most up to date practices. People, their relatives and staff were encouraged to share their opinions about the quality of the service, to ensure planned improvements focused on people's experiences.

Kineton Manor Nursing Home

Detailed findings

Background to this inspection

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

The inspection took place on 25 and 26 May 2016 and was unannounced. The inspection was undertaken by two inspectors 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 provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with six people who lived at the home, three relatives and an external health professional. We spoke one-to-one with the provider, the registered manager, the clinical lead, a nurse, the activities staff, a member of care staff and the cook. We also spoke with a mixed group of 12 staff including nurses, care staff, housekeeping and laundry staff.

Many of the people who lived at the home were happy to talk to us about their daily lives, but they were not able to tell us in detail, about their care plans, because of their complex needs. However, we observed how care and support were delivered in the communal areas and reviewed people's records.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and observed how care and support were delivered in the communal areas. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs, and how medicines were managed and administered.

We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Good

Is the service safe?

Our findings

People and relatives told us the home felt like a safe place to be because they trusted the nurses and care staff. A relative laughed at our question and told us, "[Name] is safe as houses here". One person told us they felt reassured at night by the company of the home's cat, who chose to sleep in their bedroom. A nurse told us they had applied to work at the home permanently after their nurse training because, "It is a safe place to work and my professionalism is respected." Most of the people who were nursed in bed had agreed they wanted their doors open, so they were always within sight and sound of staff.

People were protected from the risks of abuse. All staff were trained in keeping people safe from the risks of harm and they knew the actions to take if they had any concerns about people's safety. Care staff were confident they could challenge any poor practice, because they had read and understood the provider's whistleblowing policy. A member of care staff told us, "If I saw staff not treating people well, I would say to them, 'this is not the right thing to do' and I would report it." Records showed the registered manager had not needed to notify us of any concerns about people's care.

The registered manager assessed risks to people's individual health and wellbeing. For example, they assessed risks to people's mobility, skin, nutrition and communication. Where risks were identified, people's care plans described the equipment needed and the actions staff should take to minimise the risks. For example, one care plan we looked at identified that the person's health condition and medicines increased their risk of falling. Their care plan explained they needed a frame to walk around the home independently and that staff should offer them a wheelchair for longer distances. One person told us they were particularly impressed with their nursing care plan. They told us nurses had planned a routine to ensure risks to their skin were minimised and the routine was maintained as they had discussed and agreed. They told us all the staff understood their condition and were supportive and interested in discussing their treatment and its effectiveness.

A nurse told us, "We have agreed a fast tracking admissions system from hospital." We saw that many people were nursed in bed, due to their frailty, and everyone had a 'hospital-type' bed, for their safety. One person told us staff regularly came to their room to, "See if you are alright, check if you need anything," and we saw people's call bells were close at hand. One person told us they had recently fallen in the night, but could not reach their call bell, so had banged on the floor. They told us staff had come 'really quickly' and supported them back to bed. They told us, "Two men carried me! I had lots of bruises, but no broken bones. They were very, very nice."

Staff reported accidents and incidents to the registered manager, recorded them in people's personal daily records and took action to minimise the risks of a reoccurrence. Detailed records of accidents and incidents included the location and time and identified the probable cause and the actions taken. Actions included referring people to the community mental health service and other healthcare professionals, to check for changes in people's health, eyesight or hearing. Nurses reviewed people's risk assessments at monthly care plan reviews to ensure any changes in their care and support were included in the person's updated care plans.

The registered manager analysed the accident and incident reports to identify whether there were any patterns or trends. The analysis showed the most recent accidents had all been due to people's individual mobility or health conditions. Records showed the registered manager shared the results of their analysis with staff and reminded them of any actions they should take to minimise future accidents. For example, staff were reminded to ensure people's walking aids and call bells were close to hand, and nurses were reminded to, "Review [Name's] falls risk assessment and to refer people to the GP for 'recurrent falls'."

People and relatives told us there were enough staff on duty to support people safely. People told us they had the help and support they needed, when they needed it. The registered manager told us the provider trusted their judgement about how many staff were needed, because they used a scoring system that took account of people's needs, dependencies and abilities. They told us, "If we have a new person with complex needs we always have an extra member of staff." Staff told us, "Staffing levels are good", "We don't use agency, everyone else covers" and "There is continuity for people and everyone knows everyone." Staff told us there were enough staff to support people's physical and emotional needs. They said they had time to talk and socialise with people, which improved their well-being.

The provider's recruitment process ensured risks to people's safety were minimised. Records showed new staff underwent an application and interview process so the registered manager could check their skills and experience, and that their behaviours would fit well with the team and ethos of the service. Records showed the registered manager checked their identity and right to work, obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. For staff who were born or worked previously outside the UK, the registered manager checked with the police in the relevant country. The registered manager checked staff's ability to communicate effectively and, where necessary, staff's employment was conditional on attending English classes to improve their communication skills.

The provider assessed risks to the premises and equipment and took action to minimise the identified risks. Records showed the provider had implemented a system of regular checks of the premises, the fire alarm and essential supplies such as the water, gas and electricity. The health and safety assessments described the preventive measures put in place by the provider, such as window restrictors and a contract for removal of clinical waste, and the additional actions staff should take. Equipment, such as hoists and profiling beds was serviced by the supplier and staff regularly checked that items such as wheelchairs, slings and walking frames were safe and fit for use. The provider's 'business continuity plan' included instructions for staff in the event of a failure of equipment or services, such as the lift, power supplies, telephones or water. The provider had invested in a generator to ensure continuity of service if the power supply was disrupted.

All staff knew about the provider's emergency policy and procedures. Staff had training in fire safety and practised the routine. Records showed fire alarm and fire-fighting equipment was regularly serviced and tested and everyone who lived at the home had a personal emergency evacuation plan. A member of care staff told us, "I have had fire training and practiced using the fire extinguishers. We test the fire alarm bell and have fire practice. We have been reminded what to do in an emergency."

Medicines were managed and administered safely and the risk of errors was minimised by effective procedures. People's medicines were reviewed every month by their GP, to make sure they continued to be necessary and effective. The visiting GP told us, "One nurse in particular has an impressive knowledge and understanding of medicines and their impact. They know the patients very well and monitor their response to medicines. They minimise my workload." People told us they had their medicines when they needed them. One person told us the nurse brought their medicine to them at the right time. They told us, "The medication is always on time, the timing is exemplary." Only trained nurses administered medicines, which

were kept in locked cabinets, which could not be moved without a key.

A nurse showed us the individual medicines administration record (MAR) they kept for each person, which listed the name of each medicine and the frequency and time of day it should be taken. Nurses signed to say when people's medicines were administered, or recorded the reason why not, for example, if a person declined their medicines. We saw the nurse wore a red tabard while they administered medicines, to ensure other staff knew they should not be disturbed, to minimise the risk of errors. Medicines administration was focused on the person. The nurse knocked on people's doors and explained what each medicine was for before giving it. They took the opportunity to have a chat with each person and check whether they needed anything. We heard them say to one person, "Are you comfortable, [Name]? Do you want me to close the window? Don't worry, I will close it for you."

Good

Is the service effective?

Our findings

People told us the care staff were effective, because they were supported in the way they needed. People told us, "The care is very good" and "The staff are happy and bright, they perform their duties well." A relative told us, "The staff give comfort and support and put a smile on your face." The visiting GP told us, "They (staff) deliver first class wound care and there is a continuity of care."

The registered manager had signed up to an initiative with the local clinical commissioning group for 'enhanced services', with the aim of reducing hospital admissions, which required close partnership between the home and GP surgery. The GP held a surgery at the home every week and reviewed medicines every month. The GP told us, "Hospital admissions from the home are down, and I can do minor operations here, which minimises hospital admissions. They bend over backwards to help me" and "I have confidence in the relationship and in people's care. What makes this place different is regular reviews and good communication."

People received care from staff who had the skills and knowledge to meet their needs effectively. All new staff were required to complete the Care Certificate during their probationary period. The Care Certificate helps new members of staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. An experienced member of care staff told us, "I have been guiding new staff. Matron says to, 'help each other, support each other'."

All the staff at the home attended training in subjects that were relevant to people's needs, such as, essentials to care, communication and dementia awareness, so all staff understood their individual responsibilities for people's care, support and treatment. The mixed group of nurses, care staff, housekeeping and laundry staff told us, "There is no philosophy of saying, 'it's not my job'" and, "It makes me understand, by knowing the background to dementia. I never feel it doesn't apply to me". One nurse told us, "The whole team works together, attends training together. We work as a whole team – nurses, care staff, laundry and kitchen staff, because people's diet and preferences are important."

Nurses also attended specialist training in subjects such as how to insert and maintain catheters and syringe drivers. A syringe driver helps reduce symptoms by delivering a steady flow of injected medication continuously under the skin. A nurse told us, "I don't have much need to look for external training. Matron organises it. She asks if we have an interest and looks for appropriate training for us." The nurse told us they were fully supported to maintain their professional development and to retain their professional nursing qualification.

The registered manager, who was also a registered nurse, showed us the portfolio, which they were preparing for their own revalidation of their professional nursing qualification. The registered manager had delivered training to the whole staff group on the subject of, 'Keeping residents safe and how to be caring, responsive and effective', which meant they were all aware of changes in the regulations and of the regulator's expectations.

Staff told us they had regular opportunities to discuss their practice and any concerns at meetings with their line manager. A member of care staff told us, "I have one-to-one meetings with a senior nurse" and "'Matron' (the manager) is always welcoming. She always asks if we have any problems." Staff told us they attended department staff meetings every month. A nurse told us, "We reflect on our practice through discussions with the team." The mixed staff group told us, "The manager makes you believe in yourself" and, "We help each other."

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager understood their responsibilities under the Act. The registered manager completed risk assessments for people's understanding and memory. This was to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. At the time of our inspection, the registered manager had applied to the local supervisory body for the authority to deprive 27 people of their liberty because their care plans included restrictions to their rights. Two applications had been approved at the time of our inspection.

People's liberty, rights and choices were not restricted unnecessarily. For example, people, who had the capacity to understand the risks associated with rails at the side of their bed, had signed to say they 'agreed' with this safety measure. For people who did not understand the risk, the decision to have bed rails was made after a 'best interest meeting' with their family and legal representative. The GP told us, "They all ensure patients' needs and rights take priority."

Staff understood the principles of, and their responsibilities under, the MCA. They told us they attended training and understood people's rights to make their own decisions. One member of care staff told us, "I had MCA and DoLS training. It made sense. It is about people's choice and respecting their choices." We saw care staff followed the code of conduct of the Act and asked people whether they wanted assistance before supporting them. For those people who were unable to express their wishes, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support.

People were supported to maintain a nutritious diet that met their needs and preferences. The cook told us menus were agreed with the registered manager. The cook told us, "We sent a questionnaire around to find out about people's preferences before we put the latest menu together." Menus were planned to offer a balanced diet, to help people maintain their weight and included vegetarian and diabetic options.

People's needs, allergies, preferences, likes and dislikes were recorded in the care plans we looked at. In the kitchen and serving area, we saw lists reminding staff and the cook of people's individual needs for diabetic and soft diets and of people's allergies to particular foods. The advice from other health professionals about how to support people at risk of choking was also displayed in the serving area, to remind staff of the importance of supporting people to eat. Each person who needed assistance was supported by a named member of staff, to ensure continuity of care. The registered manager had listened to staff's suggestions to

allocate different staff to people who ate more slowly, to make sure no-one had to wait to eat.

One person told us, "They come in the morning with a list of people's names and meal options and I choose which one to have for lunch. Sometimes I eat in my room, sometimes in the dining room." The cook told us, "We plan the menu six weeks ahead and change with the seasons. We find out people's likes, dislikes and preferences at admission and food choices are copied to me from the care plans. I go and check with new people, I get to know everybody."

People were supported to eat and drink enough. At lunch time people were encouraged to eat in the dining room, which gave them an opportunity to socialise. The dining room tables were laid with cloths, napkins, jugs of water and flowers, which gave a sense of calm celebration. People were offered an aperitif and wine with their meal. We saw that people who needed assistance to eat were assisted by staff sitting beside them and encouraging them to eat. One person told us, "Lunch was alright, it was quite nice." Another person told us, "I'm not much interested in food, but they all remember what I like." In a recent survey, all the respondents had said they were happy with the quality of the food.

Many people were not able to move to the dining room, because of their complex health needs or frailty, so ate their meals in their own rooms. Some other people chose to eat in the lounge. We saw all the staff were involved in ensuring meals were delivered around the home quickly on trays, while they were still hot. The registered manager had noted which people needed assistance to eat and named staff were allocated to support them, which ensured everyone was supported to eat their meal when it was served. We saw when one person declined to eat their meal, staff brought them a drink supplement to help maintain their nutritional intake.

Nurses monitored people's weight and their appetites and sought advice from healthcare professionals if they were at risk of poor nutritional intake. For example, care plans recorded that the dietician regularly visited one person. Records showed people were referred to other healthcare professionals, such as opticians and chiropodists, when needed.

Outstanding ☆

Is the service caring?

Our findings

People and relatives told us care staff were kind and caring. People told us, "The carers are very good, and they are very respectful and polite", "The nursing staff are supreme, they care for you" and "They (the staff) are marvellous, they do everything for you. They are kindness itself." A relative told us, "It is always a nice day when I visit and it is all due to the love they give you. All the staff are lovely. It is like my extended family." A thank-you letter from a relative described the love and care as, "Exemplary". The local clinical commissioning group had written to say, "It is lovely to see [Name] settled and staff should be commended for this."

People's care plans included a short life history, which included information about their school, career, religious beliefs and important relationships. This information was also on the 'at a glance' personal profile to support staff to establish a relationship with people quickly. We saw staff understood people's needs for company and reassurance. We saw one person walking arm-in-arm around the hallway with staff. The staff said, "I'm going to tell you a story. Once upon a time…" and the person laughed out loud. Later we saw the same person, still with the member of staff, greeting a visitor to the home, who was laughing along with them. The mixed group of staff told us, "There is enough time to care properly", "It is a big family" and "We do the job because we love it."

The registered manager had displayed photos of the providers and all the staff and volunteers with their names and role underneath, to enable people to quickly recognise and know they could trust them. Several of the volunteers were relatives whose relation no longer lived at the home, but who wanted to 'give something back' in exchange for the love and support they had received.

One person told us it felt like home because they were able to bring their personal belongings with them. They told us, I brought all of my clothes. I have a lovely room, with two big windows and views out over the fields. It is really comfortable." Another person told us they felt at home because the home's cat had chosen them for a companion, which made them feel special. The person told us, "She sleeps on my bed, I couldn't live here without her."

Records showed people and their relatives were involved in planning their care. One person told us they had chosen to move to this home and said they were very pleased with their care. They told us the manager had welcomed them on arrival and they had explained their treatment plan. The person knew when they could expect a change in their condition if the treatment had the anticipated impact. A relative told us they were so pleased with the care and support their relation had received that they had advised another relation to move to the home.

The mixed group of staff told us, "We take pride in what relatives say" and "We get lots of verbal recommendations and I'm proud of it." The registered manager had appointed a 'dignity champion' to ensure staff understood how to promote people's dignity. The dignity champion told us, "I am head of care and dignity champion, which includes checking people have drinks, their clothes are looked after and match their property list."

Staff respected people's right to privacy and promoted their dignity. Staff knocked on people's doors before entering, even when their door was open, and called out to ask if they could come in, and shut the door behind them to ensure the person's privacy when delivering care. One person told us, "They (staff) respect you by using your name and every day they ask if you are okay."

Relatives told us they could visit at any time and always felt welcome. One relative told us, "You can just visit anytime you like, no fuss. They welcome you with open arms. It is always clean, fresh smelling and the reception is exceptional. There is always someone to greet you, which is very important and really valuable."

A relative told us one of their relations had received outstanding care at the end of their life. The relative told us, "I was overwhelmed by the support I and [Name] have had. [Name] had the most beautiful death and was totally cared for. There were family photos and flowers by their bedside, their nails were done, and their hair was washed and brushed."

Another relative had visited the CQC website to share their experience of the end of life care their relations had received at the home. The relative wrote, "We could not fault any aspect of care, the cleanliness, the attitude of staff to the residents or to us as a family. Kineton Manor has become an important feature in our lives and, although [Names] are no longer there when we visit, we feel we are going 'home' and we are visiting staff who we now class as friends. As a family we feel blessed to have found Kineton Manor."

The registered manager, the nurses and all the staff had signed up to implement the Gold Standards Framework for caring for people at the end of their lives. One nurse told us about the standards, the training and the policies and procedures they had implemented to ensure people experienced the best possible death. The nurse told us they had decided to work to the Gold Standards Framework because they had identified, "We are experiencing increasingly frailer people being admitted from hospital or their home." The nurse said, "When people are admitted towards the end of their life, they are given a code immediately to identify their expected length of life. It might be weeks, days or hours." Records showed advanced care planning involved the person and their family or the person's legal representative. The nurse told us, "We explain the person's condition, and ask about their expectations. We try to make sure physical and emotional needs are known and understood."

The nurse told us they had syringe driver training so they knew how to relieve pain and control symptoms such as anxiety, nausea, vomiting or respiratory symptoms, with minimum disruption to the person. They told us they worked with the GP and family support to make best interest decisions about medicines if, for example, the person was no longer able to swallow.

Care staff told us all the staff team received training in end-of-life care and attended monthly 'outcome' meetings to reflect on what they did well or could have done better. A nurse told us, "Staff have a reflection session. It is a very good team. We are encouraged to participate and share. When you feel valued you feel good and motivated." The nurse told us, "We try to support families. We have leaflets to give about what to expect and an 'after death' leaflet, which explains, step-by-step, what they need to do. We invite relatives to visit and talk with us. We can refer them to the GP, or matron can arrange a counsellor for them. We always ask for feedback to find out if there is anything we could do better."

The mixed staff group told us they felt cared for and supported by the manager, particularly in delivering end of life care. They told us, "Palliative care has an impact, but we care for each other. It affects different staff in different ways. We hug a lot" and "Staff can substitute if staff can't manage or get emotional. You can take time out to grieve." The nurse told us they felt, "More prepared now and have good working procedures."

Their procedures included access to talking therapies and bereavement counselling and training and advice about what death and dying looks like. A member of staff told us, "At the end of life everyone is aware so we can offer love and support – we can all give that."

At the time of our inspection visit, the registered manager was proud to tell us the Gold Standards Framework assessor had reviewed, and agreed, the portfolio of written evidence met the standard and they had scheduled an on-site visit, to assess the care in practice. The GP told us, "The end of life programme ensures really good deaths. People have 'do not resuscitate orders' in place and the nurses have all had syringe driver training. They manage deaths well. The level of care, the standard of death is as good as a hospice. Relatives tell me their relations had a 'good death'."

Good

Is the service responsive?

Our findings

People and relatives told us they were involved in planning their care and the registered manager and staff were responsive to their needs. One relative told us, "They explained [Name's] condition and now I understand. It was really informative and alleviated all my concerns." Another relative told us, "The staff went way beyond to help; they gave 150% to [Name]."

One person told us they knew their needs had changed. They told us they needed more support from staff than they had first thought. They told us "I call now and I am now accompanied (to transfer from one place to another). They are very good." Another person told us the registered manager had come upstairs to see them when they had an injury and were not able to go downstairs to the lounge, so they did not feel 'left out'. We saw staff regularly checked whether people who were nursed in their rooms needed anything and staff ensured they had drinks and their call bell close to hand. People told us staff came 'quickly' if they pressed the bell.

People's diverse needs and interests were recognised and respected. Records showed all staff attended training in 'person centred care' so they understood the importance of focusing on the individual in delivering care and support. People told us they were supported to spend their time as they pleased and there were things to do that they enjoyed. The activities on offer included classes, events and church services.

One person told us, "I like staying in my room, I love watching animal programmes. I go to the lounge if I want to do activities. I like flower arranging and sewing." Another person told us, "I can do what I want. They let you do what you want." They told us they enjoyed being involved and joining in with others. We noted that staff were observant about how long the person had spent talking with us, recognised this could be tiring, and were ready and waiting to offer them an arm to walk back to the lounge.

The registered manager had appointed an activities co-ordinator to make sure people were supported to maintain their interests and had a choice of events and activities to promote their well-being. One person told us, "I am making a tablecloth at the moment. It's a lot of hand sewing" and "We have a lot of musical events. We had a choir and ballet dancers and a ukulele player did a sing-along with us."

During our visit, we saw a group of people taking part in a bat and balloon game, which caused many smiles. The activities co-ordinator, who was also a dementia champion, told us, "The balloon game is very popular. Exercise challenges the brain, but we don't over-exercise. We do armchair tai chi following the exercise on screen." They told us they understood that, "Music unifies the group activity" and they created circles with flowers or a rope on the floor, "To bring us together and we sing happy songs." They told us they spent time in one-to-one activities, such as music, reminiscence and looking at pictures, with people who could not join in the group activities due to their complex needs.

The activities co-ordinator kept a record of activities people attended, and monitored how people responded and which activities were most popular, so they knew how best to engage each person. They told

us, "People like the classical comedians and black and white movies. We talk about the storylines of the films. We make a big circle and read stories. I watch their reaction to make sure they are 'good' stories. We do crosswords and watch films and rhythm clapping." A relative told us, "It is fun here. They are always having musical events and everyone is singing along. They have films, music – they are always thinking of something new."

Relatives were encouraged to be involved in their relation's care and were included in events and special occasions at the home. A relative told us they had arranged a 'staff versus relatives' volleyball match, followed by a barbecue. This had been such a popular event, that it was hoped to become an annual event and there was a photo of the competing teams in the hallway to remind people of the occasion.

People and relatives told us they were confident any concerns would be dealt with appropriately. The provider's complaints policy was shared with people and their relatives and was displayed in an easy-to-read, large-print poster on both floors of the home. None of the people we spoke with had made a complaint, but they were confident that they knew who to approach. One person told us, "I think I would know what to do and who to complain to. I would have a go at the manager." Relatives told us they had not needed to make a complaint, and the registered manager showed us their 'complaints log' was empty. We had not received any complaints from staff or the public, or from any other agencies involved with the service, during the previous 12 months.

However, the registered manager showed us some of the 100+ compliments and thank you cards they had received during the previous 12 months. Many of these were displayed in the hallway, where staff would see them to make sure they knew their skills and care were appreciated. Staff were commended for their love, kindness, professionalism and hard work. Relatives commented, "You made their dream and dying wish a reality" and "What a fantastic place and fantastic treatment we all received. The care was exemplary."

Outstanding ☆

Is the service well-led?

Our findings

People told us they were very happy with the quality of the service they received, because it felt like their home and they continued to live the lives they wanted. Relatives told us they were happy with the quality of the service. One relative told us, "It is extremely well-led. The manager runs a tight ship." Another relative told us their relation had 'dreaded' moving into a home, but, "Now they tell me they love being at Kineton." The GP told us, "The providers promote the best quality of life."

The provider's philosophy of care was explained in a poster in the hallway, with a statement of values that put people at the heart of the service. The statement of values included privacy, dignity and rights, independence, choice and freedom, security, respect and equality, inclusivity, empowerment and diversity. There were other posters around the home that underlined the philosophy, such as, "Enter as strangers, leave as friends" and information about the dignity and dementia champions and their role. The members of staff assured us "The 'messages on the wall' are all true."

The registered manager led by example and encouraged a fair, open and transparent culture. Staff told us they felt encouraged by the registered manager's leadership. They told us, "[Name] is keen to empower people. She makes you believe in yourself" and "It comes from [Name of manager], this sense of fairness." Some staff had worked at the home for over 20 years, which was longer than the registered manager had been in post. They told us, "It wasn't always like that, but now we are all part of it." People, relatives and staff all told us they had confidence in the registered manager and trusted their judgement.

Most of the people and staff referred to the registered manager as 'Matron', which showed respect for their professionalism and responsibility. People told us, "The manager is lovely. You can ask them for anything, say anything" and "[Name] and I have good banter and rapport and I see them often." A relative said, "[Name] is lovely, they are great. There is nothing you couldn't ask for." Staff told us, "[Name] is a really helpful manager, they help on the floor" and "I feel really cared for as a person. I feel looked after."

The provider told us they had regular meetings with the registered manager to discuss the day-to-day running of the home, and plans for improvements. They told us they had confidence in the registered manager's abilities and judgement. The provider told us they did a regular 'walk around' the home to identify issues and repair or refurbishment needs. We saw people responded to the provider's presence at the home as an everyday event. The registered manager told us the provider respected their professional judgment and was keen to maintain links with the local community. They told us, "We are a single location, privately owned care home, so we keep a few beds for the local authority care commissioners as our contribution to society, and they provide an external eye to what we do."

The registered manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned. The registered manager had been in post for 13 years and the information we held about the service showed a continuous history of meeting the regulations since the initial registration. Their policies and procedures relating to safety were implemented consistently and

effectively.

The registered manager pro-actively responded to emerging risks. As a result of a national news item about a death resulting from a food allergy, the registered manager had reviewed the menus to reassure themselves they had identified all potential risks. The cook showed us the recently revised folders, which listed the ingredients of every meal, identifying possible allergens, to minimise the risks of a similar event occurring at the home.

The registered manager's approach to risk management and their response to issues raised, was effective. This was reflected in a complete absence of people, relatives or care commissioners sharing any negative comments with us in the previous 12 months. The registered manager responded to feedback from other agencies and took action to improve. For example, following an issue related to farm animals visiting the home, the registered manager had reviewed their policies and changed their procedures for minimising risks when 'pet therapy' animals visited the home.

All the staff team were involved in monitoring the quality of the service through regular audit checks of, for example, people's care plans, equipment and medicines. The clinical lead nurse checked people's care plans for completeness of documentation and checked they were 'person centred' and reflected the person and their needs. They also ensured all risks were 'scored' and actions were taken when people's needs changed. Records showed nurses were advised to refer one person for a 'medicines review' and to 'invite family', when it was noted they were not sleeping well. Recent medicines audits showed no gaps or errors had been identified.

The documents used to support audit checks were detailed and simple to follow. Audit checklists for equipment included photographs and the 'usual' location of the equipment to ensure accurate identification. The slings used in the hoists were listed by the person's name, sling size and colour, to ensure accurate identification. Where issues were identified, for example where a wheelchair needed cleaning, named staff were responsible for taking action.

The registered manager sought people's views and took action to improve their experience of the service. The quality assurance system included asking people, relatives and staff about their experience of the service through bi-annual surveys, planned meetings and one-to-one conversations with people. One person told us the manager had responded to their feedback. They told us, "They brought me an extra heater and blanket in the winter (so I could choose the temperature of my room)." Records of recent meetings with people showed they were asked for their thoughts about their mealtime experience and for suggestions for activities and entertainments. People had commented, "I enjoyed exercise with [Name]" and "I enjoy sitting in the lounge chatting. I like to talk to the Matron (registered manager)."

Care staff told us, "We do surveys" and "We look at suggestions, say at the housekeeping meeting, when new people come in, we re-arrange their room when they bring their own furniture." Records of a recent survey showed 100% of the people and relatives who responded to the survey were happy with the quality of food. People and relatives said they would recommend the service to others. A visiting relative told us, "My relative has been here 12 months. I would just like to say we have no worries about anything, we are so pleased with everything, any problems are sorted and we are always kept informed."

The registered manager told people and relatives about the results of the survey in the quarterly newsletter. The newsletter highlighted 'things we do well' and 'things we can improve' and the actions they planned to take. For example, staff had been asked to park their cars outside of the premises, "To give more space to our dear visitors." The newsletter included photos of people enjoying recent activities and an invitation to a

'Dementia Friends evening'. The registered manager shared their thoughts about the benefits and positive impact of families 'collaborating with nurses' to ensure good quality care.

At a recent training session the registered manager had asked staff to consider how they knew they delivered a service that was safe, effective, caring and responsive. The session gave staff the opportunity to reflect on their practice and understand how it was perceived from the person's point of view, as laid down in the fundamental standards of care. The fundamental standards of care set the standard of care that people should always expect to receive. The training session had taken the form of a pizza and drinks party, to put staff in the right frame of mind for open discussions. The registered manager told us they needed to empower staff and training was more effective if staff were receptive to ideas, because, "Your staff is your biggest asset."

The registered manager set high standards for staff to follow as an honorary lecturer at Kingston University, and attended training provided by the University. The service had been approved by Coventry University for pre-graduate nurse placements and by Kingston University for Overseas Nursing Practice (ONP) student placements. The two approvals meant both universities had audited the service to ensure practices and standards were suitably robust to set a high standard for nurses to follow after qualifying.

Several of the care staff were qualified nurses in their home country, and had chosen to work as care staff while they arranged to convert to English nursing qualifications. One member of care staff told us they were enjoying their current work so much they had 'not got around' to starting the conversion course. A senior nurse told us they had applied to work permanently at the home, because during their placement they had recognised the home was, "A safe place, a good place to work. I am assured my PIN is safe and my professionalism is respected, because I am supported to improve my practice."

The registered manager had implemented an innovative practice of delivering the same training to all of the staff, whatever their role. This approach to training empowered staff to be proactive in challenging each other's practice and to be observant to changes in people's needs. All nurses, care staff, cooks, laundry staff and housekeepers, had recently attended training sessions with Age UK in 'essential care' and 'recognising the signs and symptoms of deterioration', which, (staff told us), staff valued, because it improved their confidence.

The registered manager told us, "We accept a high number of people at end of life stages for care, which encouraged us to apply for the Gold Standards Framework (GSF). Working through the portfolio empowered us. We are very proud that our portfolio has been accepted." The portfolio included records of how one person was cared for at the end of their life, including the case management plan, food and fluid intake charts, turning charts handover and meeting records. The registered manager had analysed the number of admissions to hospital and was able to show the number had decreased since they had implemented the GSF, which is aim of the framework.

The registered manager was a member of several professional associations, such as the Registered Nursing Home Association, which supported their determination to keep up to date with changes in practice and regulation and developments in the care sector. The registered manager and staff were involved in developing best practice through research. At the time of our inspection, they were involved in a clinical trial of replacement medicines (in place of antipsychotic medicines) with five people who lived at the home and a research study with a local university and GPs looking at the outcomes and effects of decreasing the use of antibiotics prescriptions safely.