

Kineton Manor Limited

# Kineton Manor Nursing Home

## Inspection report

Manor Lane  
Kineton  
Warwick  
Warwickshire  
CV35 0JT

Date of inspection visit:  
12 May 2021

Date of publication:  
10 December 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Kineton Manor Nursing Home provides accommodation, nursing and personal care for up to 53 older people, who may have dementia. There were 51 people living at the home at the time of our inspection.

### People's experience of using this service

The provider completed quality checks in key areas of the service which had driven improvements. People received their medicines as prescribed however, some improvements in the safe management of medicines were identified. The provider later sent us information about how they were going to strengthen their medicines management processes to ensure any shortfalls were quickly identified.

Staffing levels met people's needs. Staff supported people in an unrushed manner and were able to respond to requests for support without any undue delay.

Staff understood the importance of risk management and changes in risks to people's health and wellbeing were shared during the handover between shifts. Staff were trained in safeguarding and confident in reporting safeguarding concerns.

The home was clean and tidy and infection control practices minimised the risks of infections spreading.

Relatives spoke positively about their experiences of the home and the care and compassion demonstrated by managers and the staff team. All the staff we spoke with told us they were confident in raising any concerns and would not hesitate to do so knowing they would be listened to.

The provider had recently restructured the management team to make it more effective and was responsive to feedback. Following our inspection the provider took immediate action to review their medicines protocols and procedures.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Outstanding (published 19 May 2019).

### Why we inspected

The inspection was prompted in part due to information received about the management of medicines and a culture of staff not feeling able to raise concerns. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those

key questions were used in calculating the overall rating at this inspection.

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

The overall rating for the service has changed from outstanding to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Kineton Manor on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?

**Requires Improvement** ●

The service was not always 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.

# Kineton Manor Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by five inspectors and a pharmacy inspector. Two inspectors and the pharmacy inspector visited the home. The other three inspectors spoke with staff and relatives over the telephone or by email.

#### Service and service type

Kineton Manor is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. The registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

Our inspection was announced. We gave the service 60 minutes notice of our visit because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the home's coronavirus risk assessment for visiting healthcare professionals before we entered the building.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection and recurrent

themes of concerns. We sought feedback from the local authority and commissioners who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who lived at the home and a visiting relative about their experiences of the care provided. We spoke with one of the registered managers, the deputy manager, two nurses, an infection control lead, five care workers, two housekeeping staff, a member of catering staff and an activities co-ordinator.

We reviewed four people's care records in detail, three medicines related care plans and eight people's medicines records. We looked at a sample of records relating to the management of the service including health and safety checks, accident and incident records, policies and procedures and a sample of completed audits and checks.

#### After the inspection

We spoke with eight people's relatives and two staff members via the telephone. We had email correspondence with a further two members of staff. We reviewed the additional documentation we had requested from the registered manager during the site visit. We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service relating to medicines management, were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- The temperature for areas where prescribed medicines were stored was not monitored and recorded by the staff. If medicines are not stored at a temperature recommended by the manufacturer, they may not have the desired effect.
- Expiry dates of prescribed medicines were not regularly checked in accordance with the provider's medication policy. We found expired medicines for three people stored in the medicine trolleys. Also, we found expired antiseptic solution and blood glucose testing strips in the medicine storage cupboard. Staff did not record the date of opening for liquids, eye drops and nebulising solutions. Expired medicines are likely to be clinically ineffective or could cause actual harm.
- High risk medicines were not always stored securely to meet regulatory requirements. Staff did not always complete appropriate records for disposal of high-risk medicines. We were not assured the processes in place to dispose of waste medicines were robust.
- Medicine care plans did not have adequate information related to medicines. For one person there was no information in their care plan about medicines to be given at specific times. They had also been prescribed medicines to prevent seizures. There was no information in their care plan on how staff would monitor and manage if the person had a seizure. This meant there was a risk that staff members may not be able to support the person's medical and health needs effectively.
- We made the registered manager aware of our concerns with regards to managing medicines safely. The registered manager took immediate action to review their medicines protocols and procedures and sought information from medical professionals involved in people's care.
- The provider arranged training for staff responsible for handling medicines after receiving feedback from this inspection. Staff members were competency assessed regularly by the managers at the home.
- We observed staff give medicines to people. The staff were polite, gained consent and signed for each medicine after giving it on the medicine administration record (MAR). The staff followed good hand hygiene practices when giving medicines to people to prevent the risk of infection from one person to another.
- Some people were prescribed medicines to be given on an 'as required basis' (PRN) for pain, constipation, nausea and breathlessness. Guidance in the form of PRN protocols were in place to help staff give these medicines consistently.

### Staffing and recruitment

- Staffing levels met people's needs. During our visit we saw staff supporting people in an unrushed manner and they were able to respond to requests for support without any undue delay. Call bells were responded to promptly.

- Staff told us they were able to provide safe care with the staffing levels in the home and had enough time to read care plans and understand people's needs.
- The staff team worked on specific floors to support consistency and continuity of care. New members of staff, or those with less experience, were supported by senior staff.
- People and relatives raised no concerns about the availability and responsiveness of staff. One person had told their relative, "I feel really happy and safe. I can press the call bell, and someone will be there."

#### Systems and processes to safeguard people from the risk of abuse

- Relatives spoken with felt reassured their loved ones were safe. One relative told us, "It's peace of mind for us, she's safe and she's happy and has accepted it as her home." Another said, "I like the way they talk to [Name]. I've never witnessed anything that made me feel uncomfortable in the way that she is spoken with."
- Staff were trained in safeguarding and confident in reporting safeguarding concerns. One staff member said, "We have to keep our residents safe from any harm or abuse." Another staff member told us, "If I had any concerns about a person's safety, I would report it to a senior, and if I wasn't happy, I would go higher, to the manager or CQC."
- The registered manager knew the actions to take to report unsafe practice and they had confidence staff were providing safe care.

#### Assessing risk, safety monitoring and management

- Overall, risks to people's health were assessed with guidance for staff to help manage those risks.
- Staff understood the importance of risk management. Staff could explain how they managed risks to people with specific health conditions and the signs and symptoms of a deterioration or concern to a person's health or well-being.
- Staff said changes in risks to people's health and wellbeing were shared during the handover between shifts.
- The provider had systems and processes to check the environment and equipment was safe for people. However, we found some risks had not been identified. One bedroom window above the ground floor did not have appropriate window restrictors in place to protect people from falling. The ropes holding two sash windows open were broken which presented a potential risk of injury to people. The provider took immediate action to address these issues.

#### 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 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.
- We were somewhat assured that the provider was admitting people safely to the service. The provider had implemented measures to mitigate the risks but the government's recommended isolation timescale for new admissions was not always being followed. We raised this with the registered manager and signposted them to resources to develop their approach.



### Lessons learned

- Accidents and incidents were recorded by staff and information showed actions had been taken to address any immediate risks. The registered manager analysed these to identify if there was any action needed to prevent them happening again.
- Learning from mistakes, incidents and accidents was encouraged. Information from any outcomes from complaints, investigations or updates was shared with the staff through individual or group meetings.
- The provider and registered manager gave their commitment to learn from our inspection. Where improvements in practice were needed, they took immediate action and sought advice from other healthcare professionals.

# 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 the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality checks were completed in key areas of the service such as care plans, infection control and accidents and incidents.
- During our inspection visit we identified some areas for improvement around safe medicines management. The provider acknowledged our findings and took immediate action to address these issues. They later sent us information about how they were going to strengthen their medicines management processes to ensure any shortfalls were quickly identified.
- Having considered the impact of COVID-19 on the service, the provider had recently restructured to build more resilience into the management team. In February 2021 a new manager had become registered with CQC to enable the long-standing registered manager to concentrate on spending time with people and gathering feedback about their experiences of the care provided. The new registered manager was to be responsible for governance, audits and quality assurance processes.
- The registered managers were supported by a newly appointed deputy manager and a clinical lead nurse. Each member of the management team had their own specific roles and responsibilities to drive improvement and maintain standards within the home.
- The provider and registered manager demonstrated a good understanding of their regulatory requirements. They had sent us notifications about important events and incidents that occurred at the home. However, we did identify one occasion when we had not been notified of a serious injury. Whilst we were confident this was an oversight, we reminded the provider of their legal responsibility to notify us of all such incidents.

Planning and promoting person-centred, high-quality care and support; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- This inspection was prompted in part due to concerns we had received regarding the culture of the home. We had been told some staff felt unable to raise issues with the managers or provider. However, we found no evidence to support these concerns during our inspection visit.
- Staff told us they enjoyed working at the home because they felt supported in their role by the management team. Comments included: "I always feel valued and we always get appreciation from the manager. She always says thanks for my work", "The managers are willing to help staff and are hands on" and, "Communication is good. The managers respect us, and we respect them."
- All the staff we spoke with told us they were confident in raising any concerns and would not hesitate to

do so knowing they would be listened to. One staff member told us, "I could definitely raise anything I was worried about. I have before and it's been sorted out. 100% I would report things if needed. We are open and honest." Another staff member said, "They (managers) are all always approachable. If I have concerns, I can go to the nurses or if I wish to talk to matron (registered manager), she will find a time for that."

- However, the registered manager acknowledged that the extreme pressures faced by Covid-19 restrictions had sometimes increased tensions amongst the team, particularly for staff who both lived and worked at the home. These issues had been dealt with through team meetings, team building exercises and supporting some staff to find accommodation outside Kineton Manor.
- Staff told us the issues had been addressed in an open and supportive way. One staff member explained, "Last month matron (registered manager) came on duty and had a chat about our work, concerns and feedback. She always listens to the staff." Another said, "The manager asked us how we could improve communication between staff."
- Following feedback from staff, the provider had established a staff committee to discuss any concerns and possible solutions before escalating them to the management team. Members of the committee included representatives from different job roles and cultures within the home. Staff saw this as a positive outcome with one staff member saying, "We had some issues, but we have started a committee to improve communication." Another said, "It is a good idea because we can avoid a lot of problems."
- Relatives spoke positively about their experiences of the home and the care and compassion demonstrated by managers and the staff team. One relative said, "It is a sincerely warm and caring environment. I feel staff really understand [Name] as an individual."
- Relatives shared no concerns about communication between themselves, managers and staff. Comments included: "The manager sent us emails and newsletters about the home during the pandemic which has been helpful." Another relative described, "Very open channels of communication."
- However, the registered manager acknowledged the impact of restrictions imposed by the COVID-19 pandemic and the difficulties of building relationships with relatives who had been unable to visit. All relatives had been invited to attend a care review to ensure they felt involved in their family member's plans for care. One relative explained how being able to visit more had provided them with assurance and said, "I can't speak highly enough about staff. I've met more of them now, and they are so dedicated and compassionate and totally committed."

#### Working in partnership with others: Continuous learning and improving care

- The registered managers were proactive in attending training, conferences and regular meetings with other organisations to further develop their knowledge and share learning. Whilst some partnership work had been temporarily suspended due to the restrictions imposed by the pandemic, other collaborative work had been maintained.
- The provider was taking part in a MEDTriM programme (Trauma Risk Management (TRiM) to support the early identification of the symptoms of stress following exposure to traumatic events.
- The service had been involved in the trial of a new model for reducing the use of antibiotics in care homes. High levels of prescribing can lead to future resistance to the beneficial effects of antibiotics.
- The service had contributed to a project run by a local university to improve patient safety, experience and practice.
- The provider had recently been acknowledged for being part of the ENRICH (Enabling Research in Care Homes) project. The purpose of the project is to improve the lives of older people in care homes through research.
- The management and staff team had developed positive working relationships with health and social care professionals which assisted in improving outcomes for people.
- The provider had taken learning from feedback. For example, they had updated their complaints policy and procedure to ensure any complaints were escalated and managed more effectively.

- The management team actively worked together to improve care and involve the local community.