

Caring Homes Healthcare Group Limited

# Kippingtons Nursing Home

## Inspection report

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## 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

Kippingtons Nursing Home is a residential care home providing personal and nursing care to up to 55 people. The service provides support to older people living with age related frailties, physical disabilities and people living with dementia. At the time of our inspection there were 44 people using the service.

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

People received their medicines by nurses who were trained and competent to administer them safely. Staff mostly practiced good infection control to help protect people from the COVID-19 pandemic, however, a nurse was not seen to wash their hands between administering medicines to people. The registered manager addressed this concern during the inspection.

People's health risks were mostly assessed and managed safely. One person who was at risk of choking did not have a suitable risk assessment and care plan in place to eat safely. We raised our concerns with the registered manager, who made an appropriate referral to the speech and language therapy (SaLT) team and reviewed the person's care records during the inspection. Other people who were at risk of choking had risk assessments in place, their meals were at the correct consistency and staff knew how to support them to eat safely.

People told us they felt safe and were comfortable to speak with staff or management if they had any worries or concerns. One person told us, "I would tell one of the carers, they always listen." Staff received safeguarding training and understood their duty to prevent and report potential abuse.

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 told us they were able to make choices and did not feel restricted. One person said, "I lead a fairly free life here." Visitors were welcomed inside the service or people could go out with them as they pleased.

People and their relatives gave positive feedback about the staff. One relative said, "They are really exceptional, not patronising but patient and nice." A person told us, "The staff are nice, and they are kind, they do know me well."

People, their relatives and staff told us they felt comfortable to make suggestions or complain if needed, they were confident the management team would deal with any problems. Relatives told us staff and management kept them up to date with changes to their loved ones.

Staff and the management team worked closely with health and social care professionals to improve people's care, safety and well-being.

Quality assurance processes were effective in identifying areas for improvement. The management team devised a home improvement plan to address any shortfalls and continually learn and develop the service.

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 good (published 6 April 2021).

#### Why we inspected

The inspection was prompted, in part, due to concerns received about the provider's approach to visiting, responding to concerns and risk of a closed culture. A decision was made for us to inspect and examine the concerns across a range of Caring Homes services. We received concerns in relation to people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

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.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Kippingtons 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

#### Inspection team

The inspection team consisted of 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.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 1 August 2022 and ended on 10 August 2022. We visited the location's service on 1 August 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch, Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection we observed the care and support people received throughout the day. We spoke with 10 people who used the service about their experience of the care provided and 10 relatives of people who use the service. We spoke with one social care professional who regularly visited the service and two healthcare professionals. We spoke with 11 members of staff including the registered manager, regional manager, deputy manager, registered nurses, team leaders and care staff.

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 eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to required 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.

### Assessing risk, safety monitoring and management

- Risks to people had been mostly assessed and managed. One person who was at risk of choking did not have a risk assessment and appropriate care plan to promote their safety when eating. The person told us they had choked on food but did not wish to have a pureed diet and had declined a referral to the speech and language therapy (SaLT) team. The registered manager respected their wishes but had not done all that was practicable to minimise risks. During the inspection, the person agreed to a SaLT referral and their care records were updated to reflect the risks, actions were put in place to minimise further choking incidents.
- Other people who were at risk of choking had appropriate care plans in place. We observed people were offered meals and drinks prepared to the correct assessed consistency. Staff knew who required a modified diet and assisted people where needed to eat their meals safely. One staff member told us, "If there is a risk of choking, we are told at handover and it's all in the care plan as well as the kitchen."
- The inspection was in part, prompted by concerns of people's skin integrity. We found people were appropriately assessed for the risk of pressure damage to their skin. Where required, people had airflow mattresses to reduce the risk of worsening pressure damage. Staff were aware of who required assistance to change their position and how frequently to assist them. When needed, appropriate referrals had been made to the tissue viability nurses (TVNs) for professional advice, their advice had been followed by staff. Some people who were admitted to the service with pressure damage were documented to be healing well.
- Risk assessments were completed for people when they required equipment, such as, hoists, stand aids and bedrails. We observed people being safely assisted to move and position. Reviews were held when people's needs changed. For example, a reassessment of bedrails for a person concluded they were no longer safe for them, the bedrails were removed and other safety measures were put in place.
- Where people were prescribed medicinal oxygen, we observed appropriate storage and individual risk assessments were in place. Where applicable, people's personal emergency evacuation plans (PEEPs) contained details of prescribed oxygen and the location of the oxygen. This highlighted areas of potential hazards in the event of an emergency to keep people safe.

### Using medicines safely

- Medicines were mostly administered safely. However, we observed a staff member administering medicines to different people without sanitising their hands between administration. We raised our concerns with the registered manager who spoke with staff members about hand hygiene and installed hand sanitiser on the medicines trolley. The registered manager said they would increase spot checks on staff with regards to hand hygiene.
- People received their medicines by trained nurses. The deputy manager carried out competency

assessments with nursing staff to ensure medicines were being administered in line with best practice and the provider's policy. People confirmed they received their medicines at the right time. One person told us, "They come at the same time every day."

- Where appropriate, people were supported to administer their own medicines. Clear and robust risk assessments were in place which included checks made by nursing staff. One person we spoke with told us this empowered them and helped them feel in control.

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

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. MCA assessments had been carried out where appropriate for people's care and support. Where people lacked mental capacity, best interest decisions were made, discussions involved people, their relatives and relevant professionals.
- Where required, DoLS authorisations had been completed for some people. The registered manager had assessed people's mental capacity and made applications in their best interests.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. There were systems and policies in place to safeguard people, staff received safeguarding training and demonstrated knowledge of actions they would take if they suspected someone was at risk of harm or abuse. One staff member told us, "If I see something wrong, I would go to [registered manager]. I know they would listen. If I needed to go to the authorities, I would go to the police, CQC or the local authority. I understand whistleblowing, I would report any kind of abuse."
- People were comfortable around staff and told us they felt safe. Comments included, "I feel safe because there is always someone around." And, "I do feel safe."
- The registered manager demonstrated their knowledge of safeguarding and made referrals to the local authority where appropriate. We saw examples of this, and actions that had been taken to promote people's safety.

Staffing and recruitment

- There were enough staff to meet people's needs, we observed call bells being answered promptly, staff were relaxed and spent time with people. People gave mixed feedback about staffing levels, comments included, "I don't think they have enough, sometimes you wait ages for them to answer a call." And, "There are enough, and they are perfect." Staff gave positive feedback about staffing levels, one staff member said, "We are always at safe levels." Another staff member told us about teamwork and said, "Staff morale is good, they are quite happy."
- The registered manager used a dependency tool to determine the amount of staff required based on people's needs, the tool was reviewed on a monthly basis. The registered manager monitored the call bell response times which evidenced staff were responding to people's calls in a timely way.
- Staff were recruited safely. Records showed applications forms were completed, employment histories and gaps in employment were explored. Staff's right to work in the UK were checked prior to appointment



and registered nurses' qualifications were verified by the registered manager. References and Disclosure and Barring Service checks were obtained prior to employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Preventing and controlling infection

- The inspection was in part, prompted by the provider's approach to visiting during the COVID-19 global pandemic. We found people were able to see their loved ones when they wished, without restrictions. People could welcome visitors into the service or go out with them. One person told us, "I see my son and daughter and granddaughter whenever they can." Another person said, "My sons come and sometimes we go out." Relatives told us they were free to visit when they wished. Comments included, "I just go in when I like." And "I used to make an appointment, but I just come now."
- We were assured that the provider was preventing visitors from catching and spreading infections. Health and social care professionals were asked to show proof of a negative lateral flow device (LFD) test before being permitted to enter the service.
- We were assured that the provider was admitting people safely to the service. People were requested to test before moving into the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were observed to be wearing masks and wore aprons and gloves when assisting people with personal care. One staff member told us, "I hate wearing masks and aprons but I am following the rules. We have to protect our residents."
- We were assured that the provider was accessing testing for people using the service and staff. Staff and people were tested in line with government guidance.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean, housekeeping staff had a schedule to sanitise high touch points such as light switches and handrails.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff understood signs of COVID-19 and how to prevent the spread of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- The registered manager and management team had good oversight of accidents and incidents. Accidents and incidents were documented and analysed to identify trends and patterns.
- Where people had fallen, actions were in place to minimise further risks of falls. For example, one person fell on a frequent basis, staff arranged a medicine review as they appeared over sedated, and a referral to the falls team was made for the person. Additional safety measures were put in place, such as, a sensor alarm to alert staff if the person left their bed and required assistance, and staff carried out hourly comfort checks to ensure the person's needs were met. The person experienced less falls following the additional safety measures.
- Learning from audits were shared with staff. One staff member told us, "Any accidents or incidents are shared with us, so we are aware of what happened and to try and avoid the accident happening again. We look at how we can improve and how things can be done differently."

# Is the service well-led?

## Our findings

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

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

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

- The management team carried out quality assurance processes and action plans were developed based on the findings. We identified improvements were required to people's care documentation; care plans, risk assessments and referrals were difficult to follow due to them being in different folders. The management had already identified this and had arranged to transfer people's care records onto an electronic care management system. Audits were completed for various areas of the service, such as, health and safety, medicines and infection control. Findings were added to the overall home improvement plan which detailed actions to be taken, by whom and within an agreed timescale. The home improvement plan was discussed at managers meetings, staff meetings and clinical meetings to ensure all staff were working towards a common goal.
- The management team demonstrated an understanding of their regulatory requirements and worked well together. The registered manager was supported within the service and by the provider's management team.
- Quality assurance processes were delegated amongst senior and nursing staff. For example, the deputy manager held responsibility for auditing pressure area care. Shortfalls were identified and addressed in a timely way, for example, care plans were updated following a change in skin integrity.
- Staff were clear about their roles and were kept informed about changes within the service. The registered manager was due to leave the service with a replacement due to start when they left. Staff and people were aware of this change and had been formally been advised during a meeting. Where staff were unable to attend meetings, they were documented, and minutes were distributed to keep them up to date. Meetings were a platform for staff to discuss matters and receive updates within the service. One staff member told us, "We have actions shared with us as a team, if something has happened and we need to learn, the management come to us so we can be updated. It's important we know for us to do our best. It is like a puzzle and we need all the pieces."
- Staff were recognised and rewarded for efforts made within the service. There was a monthly 'caring stars' scheme where people, their relatives and staff would nominate a staff member. The management team told us this was to thank staff and maintain morale. The regional manager spoke about the effects of the COVID-19 global pandemic and said, "I'm just so proud of the resilience staff have showed."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The inspection was in part, prompted by concerns of a risk of a closed culture. We found the culture of the service to be open and inclusive. People were able to make choices and where possible, contributed to their care plans. One person told us, "I think I have got a care plan; decisions are discussed with me." Another person said, "They treat us all individually."
- Some people we spoke with said they did not wish to attend meetings. People who attended meetings had opportunities to discuss what mattered to them in an open forum. We saw arrangements had been made where people had requested a trip to the beach following a previous successful outing there. Some people had asked for additional condiments and ice-creams and lollies, we saw these requests were met. One person told us, "I suggest things sometimes, usually to do with activities, and they listen."
- People's relatives gave positive feedback about the communication from the service. Comments included, "If there is any change, they are straight on the phone." And, "Communication is very good, if I ring, I get straight through and talk to someone who knows how she is." Relatives were further kept informed of events within the service by a monthly newsletter.
- The registered manager promoted an open culture within the staff team. Staff were aware of whistle-blowing procedures and told us they would be comfortable to approach the management team if needed. One staff member told us, "If I see something could be better for the residents I always speak up, we know them well." Another said, "I have made suggestions which have been taken forward, one of our residents used a stick but their balance is off, I suggested a zimmer frame. They (registered manager) listened to me."
- People and their relatives told us they would feel comfortable to raise concerns or complaints with the management or staff. One person told us, "I would tell one of the carers, they always listen." A relative told us, "We are not backward on coming forward, so if we needed to, we would."
- Staff received time with the management team to discuss any issues or professional development. Staff said they felt valued and supported. Comments included, "The management have a complete open-door approach we just walk in and they help us as soon as they can." And, "[Registered manager] is excellent, since they've been here, I have developed myself quite a lot. I have been able to give suggestions."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and management team demonstrated a good knowledge of the duty of candour. They described the duty of candour as being transparent and apologising when things went wrong.
- We saw an example of open and clear communication with a person's relative. Their complaint had been investigated and documented; the management team had offered meetings with the relative to discuss their findings and offer a resolution.

Working in partnership with others

- Staff worked with a variety of professionals to include GPs, speech and language therapists (SaLT), tissue viability nurses (TVNs) and the falls team. Relevant referrals to professionals were made and staff were seen to follow professional advice. One visiting professional told us, "They say patient care comes before anything else, they are friendly with a strong knowledge. [Registered manager] in particular, is great at helping me understand the patient and their needs."
- The management team shared plans of developing a suite to specifically support people with advanced dementia. The provider had deployed a team of dementia specialists to enhance the environment, and train staff in 'this is my world' which is accredited learning to help staff understand dementia on a heightened level. The management team told us the plans were due to take place imminently.