Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Northcott House Residential Care and Nursing Home

Bury Hall Lane, Gosport, PO12 2PP

Tel: 02392510003

Date of Inspections: 19 June 2014
18 June 2014

Date of Publication: July 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Contemplation Homes Limited
Registered Manager	Miss Amabel Yorke
Overview of the service	Northcott House provides accommodation, care and treatment to older people, people with a physical disability or sensory impairment, and people living with dementia. It is registered for a maximum of 55 people and is located in a residential area of Gosport.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 June 2014 and 19 June 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We carried out this inspection as part of our routine inspection programme to answer our five questions. Is the service safe, is it effective, is it caring, is it responsive and is it well led? The inspection was carried out by a single inspector over two days. At the time of our inspection there were 52 people using the service. We spoke with eight of them in order to understand the service from their point of view. We observed the care and support people received in the shared areas of the home. We looked at records and files. We spoke with the registered provider, the registered manager and eight members of staff.

This is a summary of what people told us and what we found.

Is the service safe?

People told us they felt safe and comfortable in the home. They said care and treatment were only given with their consent, and if they had a problem they were confident it would be dealt with appropriately.

We found the service had systems in place to ensure people were protected from the risk of abuse. They carried out the necessary checks before staff started work and there was a robust recruitment process in place.

People's individual care plans contained measures to maintain the safety of people's living environment. Appropriate risk assessments were in place to ensure people's safety and welfare. Arrangements were in place for foreseeable emergencies to keep people safe and comfortable.

CQC monitors the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. The manager at Northcott House had a good understanding of the Mental Capacity Act 2005, DoLS and their responsibilities. Where people lacked capacity they were protected because the provider followed the appropriate guidance and code of practice. There were no DoLS in use at the time of our inspection. The service had applied for DoLS in the past and followed the correct procedure.

Is the service effective?

People told us that they were satisfied with the care and support they received. One person said staff "do their best for you". Another person said, "It's all fine. I have no complaints."

People were cared for in an environment that had been suitably adapted, with a variety of areas, both inside and outside, where they could spend time according to their choice.

We found people's care and support were based on thorough assessments and detailed and personalised support plans. Systems were in place to ensure care was delivered according to people's plans. We found the provider acted in accordance with legal requirements where people did not have capacity to make decisions about their care and treatment.

Is the service caring?

People using the service told us they got on well with their care workers and other staff and had a good relationship with them. One said, "They are nice girls." Another told us, "The carers are very good."

Staff we spoke with were motivated to provide good care. They knew about people's needs and how they preferred to have their care delivered. One member of staff said, "It's like a second family."

We observed positive, friendly interactions between staff and people who used the service. Staff took time to make sure people understood, spoke clearly and made eye contact with the person they were talking to.

Is the service responsive?

People told us they had been involved in their assessments and care planning, and that their views and preferences were taken into account. They told us staff listened to them. People's care plans were individualised and person-centred.

We found the service had systems in place to ensure the care provided was appropriate to peoples' changing needs. If routine checks and screening procedures identified a possible concern, the service responded appropriately. People were supported by other healthcare providers as appropriate.

Is the service well-led?

Staff told us they were supported to deliver quality care and they received training in the basic subjects for adult social care, such as consent and the safeguarding of vulnerable adults. They said they were confident if they raised concerns with the manager or senior staff, they would be dealt with properly.

Systems were in place to regularly assess and monitor the quality of service provided. Risks were assessed and appropriate action plans were in place. There were processes in place to review and learn from incidents, accidents and complaints.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. The provider acted in accordance with legal requirements where people did not have the capacity to consent.

Reasons for our judgement

Before people received any care or treatment they, or a family member, were asked for their consent and the provider acted in accordance with their wishes. During the course of the inspection we examined the files for seven people using the service. The files we looked at contained signed forms documenting consent to people's care and treatment. Records showed consent had been sought and obtained for personal care and for specific tests and procedures. One person had not signed their consent form, but it was noted they had given verbal consent. Another person's form had been signed by their next of kin. Other records in their file showed they had been assessed as not having capacity to make complex decisions about their care and support. Care plans contained information about people's ability to consent. For instance, one person's plan stated, "[name] is able to give verbal consent on each intervention". Records showed that people and their representatives were involved in and consented to their care planning.

We spoke with eight people who used the service. They all said they were involved in decisions about the care and support provided. They said that support workers listened to them, and that care and support were only delivered with consent.

We observed the care and support people received in the shared areas of the home. Staff explained what they were about to do, and gave people time to understand and consent. We heard one care worker saying, "Would you like me to help you to get dressed now?" Staff asked people where they would like to sit and where they would like to go after breakfast as they helped them move about the home. People were supported by staff who respected their right to consent to or refuse care interventions.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements. Staff we spoke with were aware of the need to obtain consent and of their obligations under the Mental Capacity Act 2005. Two care workers told us they had received recent training in the Act. The training and development manager told us staff received annual refresher training on consent and the Act. They also said staff received

supervisions on consent, capacity and compliance. We saw there was information about the requirements of the Mental Capacity Act 2005 displayed in the nurses' office. The provider had taken steps to ensure staff were aware of how people who lacked capacity were protected by law.

Records of mental capacity assessments in people's care files showed such assessments were decision-specific, for instance one person's assessment related to their capacity with respect to daily care needs. The assessments followed the two stage process recommended by the Mental Capacity Act code of practice.

A number of people using the service at the time of our inspection had moved from one of the provider's other homes while it was being refurbished. We saw in their care files that they had been consulted and had consented to the temporary move. A best interests process had been followed for one person who had been assessed as not having capacity. Records showed the process included staff who knew the person, family members, their GP and the community mental health team. People were protected from decisions which were not in their best interests because the provider followed relevant guidance and acted in accordance with legal requirements.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights. Assessments were in place to protect people from foreseeable risks and ensure their welfare and safety.

Reasons for our judgement

People's needs were assessed and care and support were planned and delivered in line with their individual care plan. We spoke with eight people using the service at the time of our inspection. They told us they received care and support that met their needs. They were included in discussions and decisions about what they did and how they did it. They were satisfied staff were able to provide the care and support they needed. One person using the service said, "If they (staff) see you in difficulties, they help. They do the best they can for you." Another person said they would not change anything about the service. A third person who was living at Northcott House while their usual home was refurbished said they missed their home, but they were "OK and comfortable" here. A fourth person described how the nurses were treating them for a specific condition. They described the medications used and how photographs were taken to track their progress. People were satisfied they received effective care and support.

We observed care workers' interactions with the people who used the service in the shared areas of the home. Staff were aware of people's needs and responded appropriately to changes or unusual events. Maintenance work was being done during our visit, and staff closed doors to the shared lounge and conservatory to protect people from the noise. They explained what they were doing and why. Other people received individual attention, for instance when one person's hearing aid needed attention or another person needed assistance with an activity. People received care that was responsive to their needs.

We saw positive and friendly interactions between staff and the people who used the service. Care workers chatted with people, checked they were comfortable and asked if they needed anything. Staff explained people's choices at lunchtime, and asked where they would like to sit. If people needed assistance to eat, this was done in a friendly, cheerful way. Staff spoke clearly and made eye contact when they explained things to people. People were treated with kindness and respect in a caring manner.

We reviewed the care plans and associated files of seven people who used the service. Their detailed assessments and care plans were documented in the files. The plans were person-centred and individualised. Care plans contained information required to deliver the

necessary care according to the person's wishes and preferences. Care workers we spoke with all said the support plans contained the information they needed to deliver care and support to the required standard. People were protected against the risk of inappropriate care by thorough and personalised care plans.

Care delivered was recorded in daily logs and other records, for example records of night checks. Other checks were undertaken monthly, for instance people's weight and risk assessments for malnutrition and pressure injuries. We saw that when one person appeared to have lost a lot of weight, the service responded by increasing the frequency of their weight checks. Subsequent checks indicated the initial measurement might have been in error. Systems were in place to verify that care and support were provided according to people's needs. The service responded to people's changing needs.

Care and support were planned and delivered in a way that was intended to ensure people's safety and welfare. People's care plans included specific guidance to meet their individual needs. Examples of these included plans associated with maintaining a safe environment, communication, medication, personal care and skin care. Where people had specific conditions or risks, such as epilepsy or asthma, there were customised care plans. There were records to show that where people needed support from other healthcare providers this was available to them. People's care and support was organised to take into account their safety and welfare.

People received care and support in an environment which had been adapted to meet their needs. As well as the main lounge, conservatory and dining room, there were smaller sitting rooms which afforded privacy and quiet. We spoke with one person in one of these small rooms. They told us they preferred their own company and staff had helped them to move there while their bedroom was being cleaned. We saw one of the small shared rooms had been furnished as a reminiscence area with items designed to encourage people's memories. There was also an enclosed courtyard garden which provided a safe and pleasant area to sit outside. People's welfare was supported by a choice of environments and areas where people could spend time.

There were arrangements in place to deal with foreseeable emergencies. The service had a contingency plan for the evacuation of the home. This had recently been tested successfully by a false fire alarm. The manager told us the fire service had carried out a fire risk assessment two weeks ago and they were waiting for the results. Personal emergency evacuation plans were in place for all people using the service with guidance on their individual needs during an emergency. The service had agreements with other homes to provide temporary accommodation if people could not return to the home immediately after an evacuation. Plans were in place to keep people safe and comfortable in an emergency.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider responded appropriately to any allegation of abuse.

Reasons for our judgement

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People using the service told us that they felt safe and comfortable in the home, and were happy with their care workers. One person said, "It's all fine. I have no complaints. They are nice girls." Another person told us, "The carers are very good." We saw that people had open, friendly interactions with staff.

We spoke with the provider's training and development manager. They told us refresher training in the safeguarding of vulnerable adults was delivered regularly and reminders were given in other training and supervisions. We saw records which showed that some staff had received training recently and others were due to receive it the week after our visit. The provider had whistle blowing and safeguarding policies. This included information about the types of abuse, signs to look out for and the roles and responsibilities of staff and management if abuse was suspected or alleged. The provider had taken appropriate steps to ensure people were supported by staff who were informed about abuse and how to deal with it.

We spoke with seven other members of staff. They confirmed they received regular training in the safeguarding of vulnerable adults. They were all aware of the different types of abuse, signs to look out for and the procedure to follow if they witnessed or suspected abuse. They were confident that the manager, provider or senior staff would deal with any allegation of abuse appropriately. They were aware they could report suspicions of abuse outside the organisation. People were supported by staff who were aware of the risk of abuse and of their responsibilities.

The provider responded appropriately to any allegation of abuse. We discussed with the manager and provider an unsubstantiated allegation of neglect which they had notified to us. We saw the minutes of a strategy meeting that had been held by the local authority. The service complied with the local authority multi-agency safeguarding policy and other reporting requirements when there was an allegation of abuse.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff. The provider had effective recruitment processes.

Reasons for our judgement

Appropriate checks were undertaken before staff began work. We looked at the files of six members of staff chosen at random. Records showed that the appropriate checks had been undertaken. Their files had evidence of at least two references, proof of identity and right to work in the UK, and Criminal Records Bureau (CRB) or Disclosure and Barring Service (DBS) checks. Where the person was employed in a nursing role, their registration with the Nursing and Midwifery Council was verified. The provider ensured that people were cared for and supported by employees who were suitable to carry on the regulated activity.

There were effective recruitment and selection processes in place. The manager described their recruitment process which included an application form and interview. All interviews were conducted by the manager and another member of staff according to the role being applied for. References and CRB or DBS checks followed a successful interview. The records showed that the recruitment process included candidates' employment history and the explanation of any gaps.

We spoke with eight people who used the service. They were all complimentary about the competence and suitability of their care workers. One person said, "They do their best for you." There was an effective recruitment process in place designed to ensure care workers were able to deliver the care and support required.

Successful candidates received 18 hours of induction training before they started work. This included the basics of care, moving and handling, and health and safety. They then had a three month probation period during which they undertook a wider induction package based on recognised external standards. We spoke with two care workers who had started work in the same week as our inspection. They told us they had found the induction effective. They said they had been prepared adequately to undertake the tasks they were assigned. The provider had recruitment and selection procedures designed to ensure care workers were prepared to do the job required of them.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had systems designed to regularly assess and monitor the quality of service that people received. Systems were in place to learn from complaints, incidents and accidents.

Reasons for our judgement

People who used the service were asked for their views about their care and support. People and their representatives were invited to respond to the provider's satisfaction survey. The results of the most recent survey were being collated by the provider at the time of our inspection, but we saw records of the previous survey from February 2014. Comments by people who used the service included: "I like living here because I get looked after", "I cannot think of anything I would like to change" and "Staff are very caring".

There were meetings for people who used the service and their relatives. We saw the minutes of the last meeting. It showed that items covered included people's care plans, emergency procedures and the layout of the home. People had commented on the comfort of the home, meals and the helpfulness of the staff. The manager told us they had taken actions in response to points raised. These included increasing the size of the daily menu displayed at the entrance to the dining room and changes to how the service celebrated people's birthdays. People had the opportunity to express their views and influence the service they received.

Staff were asked for their views about the care and support people received. We saw records of a survey from January 2014 which included the service as a whole, induction and training for staff, support and communications. The majority of responses were good or very good. The provider took steps to collect the views of staff and others on the quality of their service.

There was a system for monitoring the quality of service provided. The provider carried out a monthly management report which included issues to do with people's care and support, the environment of the home and facilities, finance, personnel and training.

We saw records of external audits of medicine administration procedures carried out by the service's pharmacy. These had taken place on 8 August 2013 and 3 June 2014. The provider may find it useful to note that the more recent audit found that an action from August 2013 to monitor the ambient temperature where medicines were stored had not

been followed up and completed.

The manager and senior staff carried out internal clinical audits. These included a manager's dignity audit, bed rail assessments, falls and accident audits, samples of people's care plans, weight audits and infection control spot checks. Records available to us showed that these audits were not being carried out regularly and at the frequency specified by the provider. For instance there were records of "monthly" wound and pressure injury audits dated January 2014 and April 2014 but not for other months. There were blank forms for daily meal audits, but no completed records. The most recent spot check on meals had been in March 2014. The manager had identified that these checks and audits were not taking place regularly. They had drawn up a matrix which showed which checks should be done by which senior member of staff and when. The manager had taken steps to control and monitor the system of internal audits, but this had not taken effect at the time of our inspection.

The service had a procedure for logging compliments and complaints. The complaints procedure was clearly displayed in the home. The manager told us people tended to raise concerns informally and there were no recent complaints on file. They said informal concerns had been raised about the number of agency staff working at the home, and the service had responded by recruiting more employed staff. We saw a file of unsolicited e-mail compliments which included: "Outstanding and professional service" and "Family atmosphere".

Incidents and accidents were recorded and followed up. We review the incidents and accidents file. Records showed incidents were investigated and statements taken from staff involved. If people who used the service were involved in an accident, this was typically followed by 24 hours observations and referral to the person's GP if the duty registered nurse judged it necessary. The manager told us falls records were checked every month by a member of staff designated as the "falls champion". The provider had a system for following up incidents and reviewing any lessons to improve the quality of service offered.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk