Kettlewell House and Operations Limited

Kettlewell House Nursing Home

Inspection report

Kettlewell Hill
Chobham Road
Woking
Surrey
GU21 4HX

Tel: 01483221900
Website: www.kettlewellhouse.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Kettlewell House Nursing Home is a care home providing personal and nursing care for up to 37 people, many of whom may be living with dementia or a mental health condition. People can live in the main nursing home or more independently in one of the suites or flats that are on the same site. At the time of our inspection, 36 people were living at the service.

People's experience of using this service and what we found
People were cared for by a sufficient number of staff. However deployment of staff needed to be thought through to ensure that those people who required more monitoring received this but not to the detriment of other people's care. People may be at risk of harm due to the complex needs of some people living at the service. Although one to one care was provided, this was not consistent throughout the day. Where people had accidents and incidents, there was a lack of recording all of the incidents relating in particular to one person which meant the registered manager may not have full oversight of these to check for themes and trends.

People lived in an environment that was not suitably adapted for them, particularly if they were living with dementia. There was also a lack of robust infection control processes in place.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not consistently support this practice.

Although activities did take place, further work was required to ensure these were available more often and were person-centred and meaningful to people. People's records did not always reflect sufficient information for staff to know how best to care for people and people's end of life wishes were not always recorded.

Although quality assurance audits were completed by both the registered manager and registered provider, actions were not always taken when shortfalls were identified.

People received the medicines they required and were cared for by staff who were recruited through a robust process. People had access to health care professionals when they needed it and access to a choice of foods and sufficient drinks. People told us they enjoyed the food and they were encouraged in their independence as adapted cutlery and crockery was available.

Professionals said staff were competent and that they knew people's needs and worked well with them and people in a collaborative way.

People were cared for by staff who were kind to them. Staff respected people and spoke to them in a polite

and courteous manner. People were cared for by staff who felt supported and who had undergone an induction and relevant training. People, relatives and staff all spoke highly of the registered manager and where feedback form staff or people was received, the registered manager used this to develop an action plan on how to improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection (and update)
The last rating for this service was Good (published January 2017). Since that rating, the registered provider of the service has changed.

Why we inspected
This was a planned inspection based on our methodology for inspecting services when the registered provider changes. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the registered provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Kettlewell House 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 Care Act 2014.

Inspection team
This inspection was carried out by three inspectors and a specialist nurse.

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with nine members of staff including the provider's area quality director, the registered manager, clinical staff and care workers. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included 13 people's care records and 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, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We had requested additional information on training and supervision for staff as well as quality assurance and survey feedback from people and relative's. The registered manager provided this to us following our inspection. We also received feedback from a relative and one professional.

Requires Improvement

Is the service safe?

Our findings

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

The last rating for this service was Good (published 12 January 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found that the service had not sustained the previous rating.

Some aspects of the service required improvement to make sure people were consistently safe living at Kettlewell House.

Assessing risk, safety monitoring and management

- People told us heir safety was monitored when they received care. One person said, "I feel confident when they (staff) are hoisting me."
- However, we found people may not always be safe from harm due to the complex needs of some people. This concern was raised by two relatives. One told us, "I have witnessed one resident shouting abuse. There is an increasing number of residents who have challenging, disruptive and noisy behaviours that causes distress to others."
- We observed occasions when people where verbally or physically abusive towards each other. For example, we heard two people shouting at each other, saw one person going to touch another inappropriately and heard how a third person had thrown a cup of juice over someone.
- During the afternoon, staff were often having to react to people getting up and approaching others in an aggressive way. This resulted in staff repeatedly telling people to sit back down which meant their chance to move around freely was being restricted.
- Some people received one to one care, because of their behaviours, however this was only provided during the afternoon and early evening. We found staff were struggling to manage people's behaviours during the morning. A staff member told us people showed a lot of aggression towards each other, with one staff member telling us, "Comments are made and they (people) can be physical."
- Although risks to people had been identified, guidance was not always clearly outlined for staff on the actions they must take to minimise the risks. For example, the person who could inappropriately touch people had information in their care plan about their one to one care in the afternoon. It noted they should have 15-minute observations during the morning, however it did not say how the person's behaviour should be managed, particularly in communal areas. As a result it was difficult to determine how staff were doing this or if they had enough information to act when these events happened.
- One person was on a fluid chart as they were eating and drinking very little. Although this had been completed there was no target amount for the person and staff were not totalling their intake. This meant there was a lack of monitoring to check the person was taking in appropriate amounts to reduce the risk of malnutrition or dehydration.
- Where risks were properly assessed staff have the information they needed and knew what action to take to minimise the risk. People with a pressure sore had photographic documentation to monitor the healing of the sore and pressure relieving equipment was in place to help prevent further skin damage.

Preventing and controlling infection

● Although people's rooms looked clean and tidy we found a strong smell of urine in some parts of the service throughout the day. A relative told us, "It always smells in here." Another said, "There is often a strong smell of urine in the home. The carpets and soft furnishings should be cleaned more regularly." A third relative commented, "I came in last week and the place absolutely stank of urine." The registered manager had told us, "We struggle sometimes with odour management. There are times of the day when it's smelly. We struggle with that."

● We checked the pressure mattresses in three people's rooms and found the mattress covers were badly stained and malodorous. One was so heavily stained, with the coating cracked and worn that we asked the registered manager to change it immediately, which they did.

● The most recent infection control audit had identified that pressure mattress covers were not clean, but this had not been fed back to enable the registered manager to take action.

● Three other people's rooms smelled strongly of urine and one person's commode chair was stained with faeces and remain that way throughout the day.

● We did observe staff wearing personal protective equipment during the day and a staff member told us, "When you go out of a room and after you have changed people you must wash your hands."

Learning lessons when things go wrong

● The registered manager told us they had changed the way in which accidents and incidents were recorded to adopt the new provider's standard documentation. However, we noted that none of the incidents we read recorded on people's behaviour charts were logged as an incident and as such accompanied by an incident report. This meant, the registered manager, although they were aware of the incidents, may not have good oversight of how exactly how many incidents were occurring at the service.

● We did read other accidents and incidents which had been responded to. For example, in the case of one person who fell out of bed and subsequently bed rails were fitted.

The lack of ensuring people were kept free from risk of harm, good infection control procedures and reviewing accidents and incidents for themes and trends was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe living at Kettlewell House. One person said, "I feel safe, the staff are nice." A relative told us, "His safety is number one. The doors are secure. They (staff) do watch them."

● Although the registered manager worked with the local authority safeguarding team when concerns around potential abuse were identified, such as physical contact between people, we read of incidents that had not been raised with them or CQC. We spoke with the registered manager about this who said they would address this immediately.

● Staff were aware of the processes in relation to any concerns about potential abuse. One staff member said, "I would report it to the manager. Abuse could be relatives, residents or staff. People could hit or push others. It needs to be documented and let the family know."

We recommend the registered provider and registered manager always notifies the appropriate authorities when potential incidents of abuse occur.

Staffing and recruitment

● We received mixed comments on staffing levels within the service. One person told us, "Yes, there are enough staff. When I press a button I don't have to wait." A staff member said, "Yes, there are a lot of staff at the moment. Everybody gets their care on time." However, one person told us, "No, they leave me to last and

I always have to wait." A relative said, "No, there are not enough staff. They are all wonderful but they are constantly rushed." A second relative told us, "The ratio of care staff to residents should be increased and one-to-one supervision provided when appropriate." A staff member told us, "One nurse is not enough. A lot of the residents are challenging. If a nurse is doing paperwork and we need them they are not always quick to respond."

● We observed an appropriate number of staff in the service throughout the day and additional staff were rostered on to provide one to one care for three people each afternoon. However, staff were constantly having to try to respond to some people's behaviours and this meant they were distracted from spending time with other people. For example, the person who had a drink thrown over them because staff were not able to stop this. Although a staff member brought in a wheelchair to take them to their room to get them changed, this did not happen as the member of staff was distracted by someone else. As such, it was the person's relative who went to get a dry t-shirt.

● One person was noted as, 'bangs their rolater (mobility aid) against people's legs' and that staff should watch them at all times. However, staff were unable to do this consistently because of other people needing care.

We recommend the registered provider reviews the deployment of staff so that people receive care and support in a timely way.

● Staff were recruited through a robust process by the provider. Prospective staff had to complete an application form giving work history, provide two references, proof of identity and right to work in the UK. They were also checked by the Disclosure and Barring Service to help ensure they were suitable to work with people in this type of care setting.

Using medicines safely

● People received the medicines they required. The service had an electronic medicines management system which helped to prevent errors. Staff told us it was effective.

● Storage of medicines was appropriate and we observed staff, who had received the relevant training, being kind and patient when giving people their medicines.

● Medicines administration records (MARs) contained sufficient information about a person, for example, their photograph for identification, any allergies and how they liked to take their medicine. There were no gaps on people's MARs and where people required pain relief on an 'as required' basis this was recorded appropriately.

● A staff member told us, "All medication is stored in a lockable medication cupboard. Only authorised staff have access to medication." We observed this to be the case.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The last rating for this service was Good (published 12 January 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found the service had not sustained the previous rating.

People's outcomes were not always consistently effective.

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

- Although the majority of people living at the service were living with dementia, the environment was not suitably adapted for them. We also found parts of the service which were in need of refurbishment or improvement, such as the bathrooms. One of which was refurbished immediately following our inspection.
- The lounge area was extremely hot during our inspection. We heard from relatives that this was often the case. They told us, "During the recent heatwave it was extremely hot and stuffy and I was concerned for the residents." Another said, "They could do with more fans as it gets very hot in here."
- People's chairs were pushed flush together meaning there was a lack of room for tables. As such when people had drinks they needed staff to support them as there was nowhere they could leave them.
- Due to the limited space in the dining room the majority of people had lunch in the lounge area. A relative told us, "The room is a bit squished. They all get in each other's space." Another relative said, "The lounge area is very noisy. There is no quiet room for those who find noise stressful." This led to incidents between people which we observed on the day.
- During the morning, nine people's rooms had a problem with the hot water; either there was none or the tap ran to a trickle. However, during the afternoon all were working properly.
- The provider's area quality director and registered manager told us the provider had organised for a dementia specialist to carry out a review of the premises and produce an action plan with suggestions of how to improve it. There was planned redesign of the lounge/dining area, although no timescales were available and the water tank was being removed and the water connected to the mains.

The lack of ensuring people lived in an environment that was appropriate to their needs was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● On the whole people's rights were protected as staff followed the MCA code of practice by demonstrating they had considered a person's capacity prior to submitting a DoLS application.
● There were capacity assessments for people who were on covert medicines (medicines given without the person's knowledge) and where people had sensor mats in their rooms.
● We also read assessments for people in respect of the locked doors and window restrictors in their rooms. One person required a biopsy to be carried out and their capacity to understand the need for this be done had been assessed.
● However, we identified one person who did not have a capacity assessment relating to their wish to return home or for another person who may not have the capacity to understand they lived in an environment with a locked door.
● We noted this was identified as a shortfall during the registered provider's internal inspection audit in May 2019. We spoke with the registered manager about this at the end of our inspection and they assured us they would review each person's capacity assessments and DoLS submissions.

We recommend the registered provider and registered manager reviews the MCA code of practice to check they follow it when there are potential restrictions in place for people who may lack capacity.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had been assessed for their needs prior to moving into the service. However, we found a lack of consistency of the information that was gathered and recorded about a person. Two people's care plans included relevant information from the assessments to develop their care plan. Another person had limited information on their mental health condition and about the behaviours they could display. This had resulted in someone becoming anxious about this person's behaviours which could have been avoided if a robust assessment had been carried out.
● We spoke with the registered manager about the large number of people living at the service who had complex needs and how this impacted on everyone as a whole, including staff. They told us they carefully considered who they admitted into the home but that they would be more aware of this in future. We will check this is happening at our next inspection.

We recommend the registered provider and registered manager assesses people's needs fully, including obtaining all relevant information to check their needs can be met prior to admission.

Staff support: induction, training, skills and experience
● Staff told us they felt the support and training they received was good and we observed staff in charge assume their roles with ease and confidence. One staff member said, "I think the training is good. I do my e-learning at home."
● Staff underwent an induction prior to working alone at the service. One staff member told us, "My induction was good." A second staff member said, "I shadowed my mentor and their partner for three days. That was enough for me, but I could have had more."
● Staff received support from their line managers. One staff member said, "We have supervision. We talk about residents and training or if we have ideas."
● However, we spoke with the registered manager about the need for staff to receive mental health training to support them to understand the needs of people living in the home better. A staff member told us, "I have had no training in bi-polar (disorder). Face to face training would be good so when things happen I would

know how to properly respond." A second staff member said, "It would be good to have training. Some conditions I don't understand."

We recommend the registered provider and registered manager ensures that staff have access to any additional training to achieve the necessary skills to meet the needs of the people they care for.

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

● People fed back positively on the food they received. One person said, "The food is good and you get a choice. They take into account your preferences." A relative told us, "He is now eating and loves the food."

● At lunch time people were supported to eat their meal at their own pace and adjustments were made where people required a softer diet such as mashed potatoes or sauce over the meat.

● People appeared to enjoy their meals with one saying, "It's going down very nicely, thank you."

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

● People had access to healthcare professionals and professionals told us staff were competent and able to identify the need for professional input.

● We spoke with staff and professionals about collaborative working. A professional told us, "They (staff) are good at developing positive behaviour plans and adapting them. They pay attention and really seem to understand. They try to solve problems before they refer and when we come out they always have the information ready for us."

● There was evidence of people seeing the GP, dentist, optician, community psychiatric nurse and care records included evidence of health and social care appointments.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

The last rating for this service was Good (published 12 January 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found the service had sustained the previous rating.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received positive feedback about the staff. A person told us, "It's very nice here. The staff are excellent." One relative told us, "The carers are a good bunch." Another said, "I love it (the service). He has been here a month and it's like home. The staff are caring in the way they speak to them (people)." A third relative said, "On the whole they (staff) are wonderful."
- Staff demonstrated an empathic approach to people. We observed a staff member reassure one person when they became distressed, chatting to them about their family which made them smile.
- We observed nice moments when staff had a little dance with people in the afternoon or spent a couple of minutes chatting to people when helping them with a drink, for example. A staff member told us, "Staff are good here. They are very caring and close to the residents."
- Staff communication with people was warm and friendly, showing a caring attitude whether conversations were outwardly meaningful or not, due to people's dementia, staff still responded well.
- A relative told us, "I must state that the care staff and nurses are, in general, excellent. They are kind, respectful and hard-working and very supportive of residents and their relatives."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were asked where they would like to sit in communal areas and what they would like to do.
- One person liked to 'clean' and a staff member told us, "[Name] likes to clean a lot. She has a cloth and still dusts things."
- A relative told us their family member was treated with dignity. They said, "The way he is dressed, his hair is brushed and he is shaved. It is so important." A staff member told us, "If I go into a room I always knock."
- Staff respected people's choice for privacy and independence as some people preferred not to join others in communal areas but liked to stay in their rooms or move around the home as they wished. At lunch time there was adaptive cutlery so people could eat independently and one person living in the flats went out independently.
- We did observe however that on occasions when some ladies were transferred using a hoist that although staff were competent throughout the process and reassuring people, they failed to notice that the person's skirt had ridden up. We reported this back to the registered manager who told us immediately following the inspection that a cover had been purchased to be used when transferring people to maintain their dignity.

Requires Improvement

Is the service responsive?

Our findings

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

The last rating for this service was Good (published 12 January 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found the service had not sustained the previous rating.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans contained information about their care needs, however we found some lacked individual information about the person. For example, one person's care plan had no background information on the person and contained no information about their mental health history.
- Another person had challenging behaviour, particularly during personal care yet their care plan did not assess whether an explanation of personal care was needed for them or information about specific things of interest to them to distract them.
- Another person lacked a diabetic care plan that was specific to them. These examples meant that although staff knew people well not everyone had their care designed to meet their preferences and needs.
- However, staff were able to describe people to us and tell us about their family and we saw some care plans with good information regarding a person's personality and past occupation. We noted one person's care plan stated that when the person became anxious staff should offer to play dominoes with them and we saw this happen. Another person could leave the service unaccompanied and they were provided with a watch that incorporated a tracking device. A third person's care plan gave clear prompts to staff on how to phrase questions or to give the person a hug to alleviate the person's challenging behaviour.
- People's end of life care plans were functional, making assumptions for some people in that they may want a visit from the church. However some care plans stated to 'discuss the person's end of life with their family' and we read feedback from a relative which said, 'big thank you to everybody who helped to care for mum during the final years of her life'.
- Another person's end-of-life care plan recorded that they wished to remain at the service and staff should follow their wishes. However, it did not say what the person's wishes were apart from to remain in the home.

The failure to design the care in accordance with people's needs and preferences, to maintain contemporaneous records regarding these and to provide a personalised service was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager told us that the activities lead had left the service in April 2019 and since then they had been without anyone. They said, "We have an advert out but have had no suitable applicants. We now have someone two days a week, but I acknowledge there is a problem with activities. You will find nothing

going on this morning, although we do use our own staff at times; particularly at weekends."
● Relatives felt activities could improve. One relative told us, "The activities coordinator left some time ago and has not been replaced. Two carers have recently been assigned to cover their duties and are doing their best, but this is an important role that should be filled by someone with specialised training in activities."
● We noted that relatives had commented in the most recent feedback survey, 'frequency and range of activities/entertainment should be increased and include weekends'.
● We asked staff about people's personalised activities but they were unable to recount much to us. We did see staff put books on a couple of people's knees and have a brief chat with them and during the afternoon a singer came to the service which people seemed to enjoy. We heard too how the Pets As Therapy dog came in and there was a church service once a month.
● The provider was failing to provide the level of service they advertised on their website. This said, 'the home encourages an atmosphere of fun and inclusion, members of neighbourhood groups and volunteers often drop in for a cup of tea. The home's wellbeing coordinators organise a varied programme of things to do, the specially adapted minibus takes residents on trips.' It also stated, 'by getting to know each individual, our carers are able to encourage everyone to take an active part in the home. Simple pleasures are hugely important: the morning walk, feeding the birds, a little weeding, baking cakes, laying the table, arranging flowers or distributing the post each day'. We asked the registered manager if anyone living at the service took an active role in the life of the home, but apart from asking one person if they would like to sort the post (which they declined) no one did.
● Following our inspection, the registered manager told us of the activities that had taken place in the service over recent months. This included numerous paid entertainers coming in, massage sessions and aromatherapy sessions. They also told us they were still actively attempting to recruit an activities co-ordinator.

We recommend the registered provider endeavours to recruit an activities lead as soon as possible to help reduce the risk of social isolation for people.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's care plans had a section on communication, which contained information on how to share information with the person and how they responded best.
● This section also covered whether a person was able to use their call bell, if they wore hearing aids or glasses and what certain vocalisations meant to them.
● Relatives were able to access their family member's care information electronically and one relative had fed back, 'I can keep in touch (due to the electronic system) because my relative is unable to keep me posted herself'.

Improving care quality in response to complaints or concerns
● Relatives told us they knew how to make a complaint and felt comfortable doing so. One relative told us, "I made a complaint and it was dealt with straight away. When something goes wrong they get it fixed." Another told us, "I haven't complained, but I know they would listen immediately."
● We reviewed complaints that had been received by the service since the change of provider and read that the registered manager had responded to them and offered an apology.
● Compliments were received by the service and these included, 'can you express to all staff my thanks for being so responsive to my requests' and, 'mum was cared for in a kind and loving way at all times and you

always made sure we were welcome when visiting'.

Requires Improvement

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.

The last rating for this service was Good (published 12 January 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection. We found had this inspection, this rating had not been sustained.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

● A staff member said, "We work well as a team and we are like a big family." Staff spoke confidently about the care practices they delivered. A staff member told us, "After you do your work you get a thank you. They treat us and give us vouchers; makes me feel very good."

●We reviewed a number of audits carried out by the registered manager and other staff. These included health and safety, fire safety, infection control and catering. We noted one action was to ensure all staff were first aid trained and the registered manager told us this was on-going and that four staff had undertaken this training in July. Fire drills were carried out regularly and 94% of staff had participated in a fire drill within the last 12 months. The registered manager carried out unannounced night visits and we noted from the last one that all was fine.

● A recent medicines audit had identified that opening dates were not being written on liquid medicines. We saw this was now happening.

● However, although infection control audits had identified the stained pressure mattress covers this had not been addressed. Other audits had not identified the shortfalls we picked up in relation to the bad odours people had to live with, people's risk assessments, staff deployment, lack of recording and reporting of incidents and lack of information in some people's care plans.

● The registered provider carried out internal inspections of the service. These were completed in line with CQC's key lines of enquiry. We noted from the provider's last inspection, in May 2019, that some areas needed to be addressed. For example, maintenance issues, clinical and quality monitoring processes to ensure good outcomes for people, supervisions, training and appraisals for staff. They also identified that approved DoLS for people had not been notified to CQC. The registered manager was asked to address this urgently but to date we have not received any notifications from the service of DoLS approvals.

● We also found that the registered manager had failed to submit statutory notifications to CQC when incidents of potential abuse had taken place at the service. Since the inspection, we have started to receive those.

● Our observations on the day were that the registered manager was not out 'on the floor' as much as they had been during previous inspections. This was borne out by comments staff made during the recent registered provider's internal inspection, when they told the provider, 'we don't see as much of her as we did

before'. This may have also been a contributory factor to the fact the service has been unable to sustain their Good rating since the last inspection.

The lack of effective quality assurance leading to a failure to make continual improvements within the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● Throughout the inspection, the registered manager was open and forthcoming with us in relation to the change of provider. They said the change had had an impact on them on a daily basis, telling us, "There is a lot more paperwork. I have been sinking without a trace." However, they were pleased to report that a deputy manager had recently been appointed and as such would benefit the service.

● We were aware that in the event of an incident or accident, the registered manager ensured they shared information with people and their families. Relatives told us that they were also contacted if there had been any concern in the way care had been delivered to their family member.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● We received positive feedback from relatives. One told us, "I find [registered manager] really professional. She always makes time for you." Another said, "[Registered manager] is lovely."

● Staff told us they felt supported by management. One told us, "[Registered manager] is very good. She listens. She has been very helpful." Another said, "I love working here."

● A professional told us, "I find [registered manager] to be very caring and knowledgeable, she knows each resident very well and has a good rapport with their family. She appears to have a good relationship with staff too and creates a very open and honest atmosphere'.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and their family members were invited to give their feedback and we reviewed the results of the most recent relatives' survey. Scores in most areas were either 'average' or 'excellent' with cleanliness and décor scoring 'poor'. Positive comments included, 'nothing but praise for this well run nursing home' and, 'I am pleased with the way my wife is cared for'. The registered manager had produced an action plan to respond to some of the negative comments such as the laundry.

● Relatives meetings were held, although these were not held on a frequent basis. The last meeting covered topics such as activities, labelling of clothes, the summer party and improvements made to the back garden. The registered manager informed us that once an activities lead was recruited monthly resident's meetings would be held.

● Daily flash meetings were held between senior staff where they reviewed housekeeping, catering, maintenance and activities. In addition, meetings were held between the nurses where topics included safety alerts, fire safety, medicines and falls.

Continuous learning and improving care

● Since changing to the new provider, the registered manager had been required to produce monthly summaries with details of infections, weight loss, those on a modified diet, those with bed rails, falls and pressure sores. As a result a dedicated falls team had been formed and a falls audit action plan had been produced. It was too early to determine whether this had helped to reduce falls within the service.

Working in partnership with others

● The registered manager told us they worked closely with the local authority's intensive support team in relation to people who had behaviours that challenged the service. A professional told us, "Throughout that time we have found the team at Kettlewell to be holistic in their approach, keen to learn new skills and practical in their care planning, often requesting support from us when working with a person who has challenging behaviour linked to their diagnosis."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had failed to ensure contemporaneous records were in place for people or person-centred care provided, especially in respect of socialisation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured that all risks to people had been identified, good infection control processes were in place and accidents and incidents were all recorded and reviewed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered provider had failed to ensure people lived in a suitable environment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure good governance took place within the service.